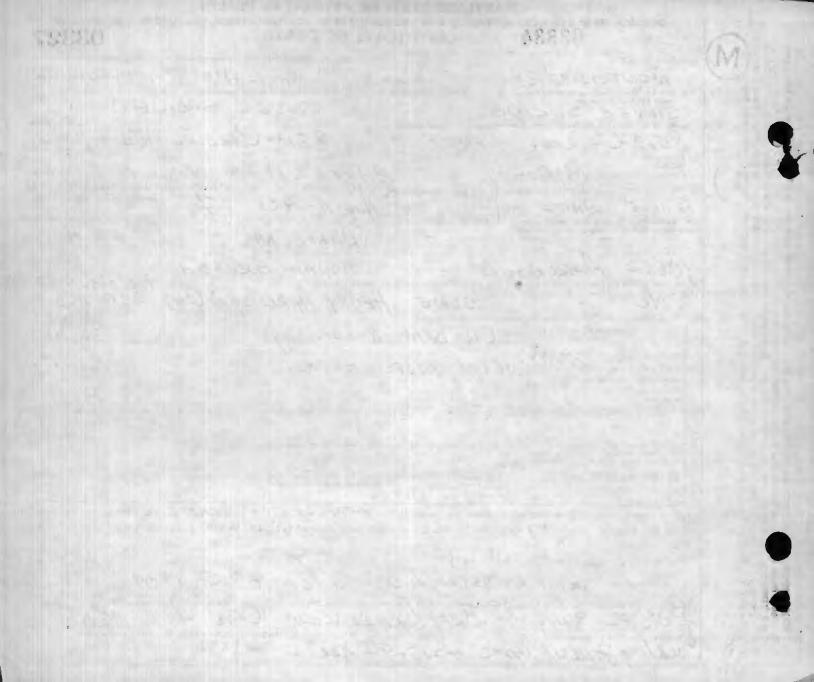
STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 03334 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY the 12 MARYLAND c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED DEATH (Type or print) 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. NEVER MARRIED last birthday) Months FEMALE WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. A 13. FATHER'S NAME GRUSDA (Yes, no, or winkown) | (Hyes give war or dates of service) SSPG 1 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a) ONSET AND DEATH homs. IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While at work al work 21. I certify that (I) (this hospital) attended the deceased from APRIL 28 , 1947 to MARCL 10, 1962, that (I) (we) last saw the deceased alive on HARCL 10 1962, and that death occurred at AM, from the causes and on the date stated above 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S KESSLON, HID (State) DATE THEREOF 0 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) Cultury S. Thrus 15M 7/61

ND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give necrest town) minutes Olney Gaithersburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS Montgomery General Hospital Route 1 3. NAME OF Middle Lost 4. DATE Month Day DECEASED OF Irving Leo Aleshire (Type or print) DEATH 18 mar. 6. COLOR OR RACE 7. MARRIED THEYER MARRIED S. SEX AGE (In years | IF UNDER 1 YEAR | DATE OF BIRTH last birthday) Months | Days male white WIDOWED DIVORCED March physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Road Department Truck Driver Lurav Va. please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please John Aleshire Manayek/ Smith Hester 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give were detes of service) ending physician. been signed by the 578-20-0706 Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: EDEMA ULMONARY IMMEDIATE CAUSE (a) DUF TO JOUGRAL MYOCARDIAL INFARCT, OLD, ITGALGO Conditions, if any which gava rise to immediate cause DUE TO (a), steting the underlying has CORONARY ARTERIOSCUEROSIS cause last the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CATION ABETES, MELLITUS HYPERNOPHROMA CERTIFIC 20b. DESCRIBE HOW INJURY OCCURED, lEnter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) Month, Day, Yeer factory, street, office bldg., etc.) While Not While MEDI Hour e.m. DTRECTOR: at work at work p.m 21. I certify that (I) (this hospital) attended the deceased from.........196 saw the deceased alive on..... 22a. SIGNALINA ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. ZZc. PHYSICIAN'S 22d. ADDRESS EADORS, MI NAME (Type) DAMASCUS ector, 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF の意思 REMOVAL (Specify) Buria Montgomery Meth. Clagettsville. Md. 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNCEAL DIRECTOR'S LIGNATURE VR A15 (4) Damascus. Md. 15M 7/61 DATMAR 2 2 '62 Cirthur & Trans

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MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

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1962

PERFORMED?

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) e. COUNTY MONTGOMERY b. COUNTY MARYLAND MONTGOMERY MARYLAND 0 b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give necrest town) à write RURAL and give neerest town) BETHESDA BETHESDA 12 days E filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ed. STREET ADDRESS a. IS RESIDENCE ON A FARM? 5822 LONE OAK YES NO SUBURBAN completely 3. NAME OF First Middle Last 4. DATE Dey Month DECEASED OF MELLID ALLEN DEATH (Type or print) MARCH 19 62 10 AGE (In yeers | IF UNDER 1 YEAR carbon B. DATE OF BIRTH IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED and lest birthday) FEMALE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work physician 106, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? геточе done during most of working life, even if retired) U.S.A. CAMBRIDGE, MARYLAND RETIRET 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please 5 NICHOLS G. affending HENRY CORNELIA RADCLIFFE and YES 17. INFORMANT Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address removal, (Yes, no, or unkown) [(If yes give were r dates of service) DAUGHTER, MRS. BETTY MOSSBURG g physician. migned by the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line igf (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) burial-transit DUE TO Conditions. if eny, which geve rise to immediate ceuse DUE TO (e), stelling the underlying has cause lest. the WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERFORMED? SE NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 201. (City or town) (County) (Stele) 20c. TIME OF INJURY Month, Day, Yeer fectory, streat, office bldg., etc.) While Not While Hour e.m et work et work CIOR: 195) 19.6 that (1) (350) last 21. I certify that (1) (this hospital) atjended the deceased from...... 62 and that death occurred at M, from the causes and on the date stated above. should saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR M.D. ADDRESS 22c. PHYSICIAN'S NAME/(Type) 11-8-22 230. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stole) REMOVAL (Specify) 162 Buria Cemetery Rockville

A. Pumphrey, Bethesda, Maryland

256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

162

FUNERAL death. ÷ 8 VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

hours after

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The law requires that the

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THE RESERVE AND THE PERSON DARTHS INTERNATION CONTRACT MANUALITY SALES Isimul | Manager A. Permitter, Beathants | Maryland

er death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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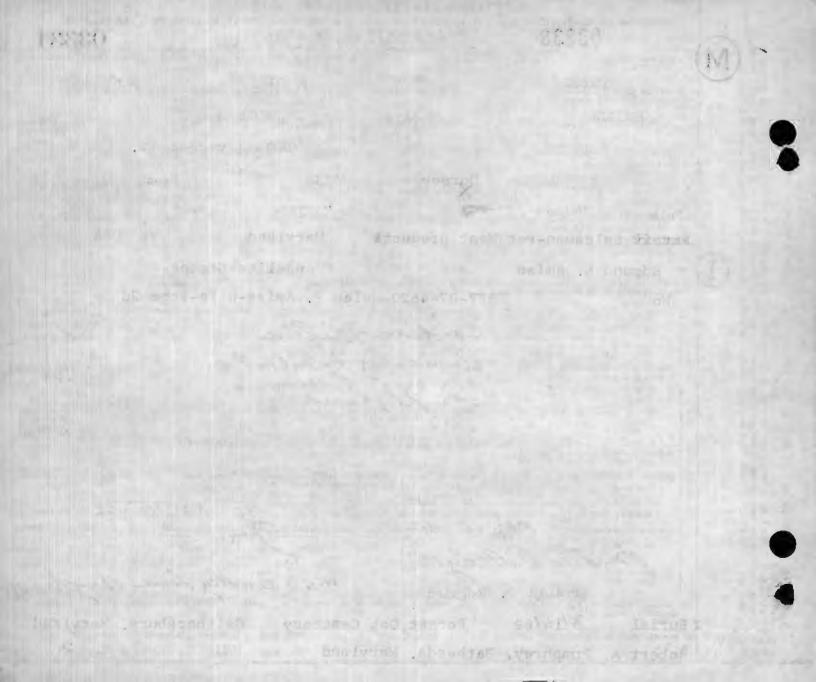
1. PLACE OF DEATH o. COUNTY MO	ntgomery	MARYLAI	2. USUAL RESIDENCE () o. STATE Mary	Where deceased I		ion: Residence Montgot		ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring 9 years			1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 4-0 Silver Spring				
d, NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stree		d. STREET ADDRESS	205 Doug		nue	e. IS RES ON A YES	IDENCE FARM?
3. NAME OF DECEASED (Type or print)	First Annie	Middle R.	Lost Alsop	4. DATE OF DEATH	Mor Mar	_		Yeor 19 62
s. sex female	6. COLOR OR RACE 7. MAI				AGE (In years lost birthdoy) 76 yrs.	Months D	YEAR IF UND Days Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATI during most of wor HOUSEW	ON (Give kind of work done 10b king life, even if retired)	own home	NOUSTRY 11. BIRTHPLACE (Sto	ton, D.	_		S.A.	OUNTRY?
13. FATHER'S NAME William	Barrett		14. MOTHER'S MAIDEN					
	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 579-30-219	7, INFORMANT			as Ave	. S.S.	Md.
Conditions, if gove rise Io couse (o), storing lying couse lost.	DUE TO DOINY, which immediate the under: DUE TO	demanary teriors ler	Frems tie Heart	Diseo	256		ONSET AND	DEATH
Pu.	monery to	CONTRIBUTING TO DEATH	-	RMINAL DISEASE	CONDITION GI	VEN IN PART	PERFC	AUTOPSY ORMED?
OR CONTRIBUTING	AS UNDERLYING (1) 20b. DE G (2) CAUSE OF DEATH (MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCI	JRRED. (Enter noture of injury i	in Port I or Port I	Il of item 1B.)			
20c. TIME OF INJU Hour o. m. p. m.	While		e. PLACE OF INJURY (Home, fo factory, street, office bldg., i	etc.)	or town)	(Co	ounty)	(Stote)
saw the decea	at (I) (this hospital) after used alive an Merek		/	.J.O.			date stated	l abave.
220, SIGNATURE	0 100/	ache.		MED. DIRECTOR	STAFF PHYS.		22	SIGNED
6den	act of forting							
22c. PHYSICIAN'S NAME (Type)	Edward J. Ri	chards	22d. ADDRESS 10,110 G	eorgia A	ve, Sil	ver Sp	ring, N	id.

TO HOST 11 OR NORDING PHYSICIAN; The law requires that the death certificate be executed within may be radiosed to solve the state of the solve of t

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PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence bafora edmission) a. COUNTY b. COUNTY the 12 MONTGOMERY MARYLAND MONTCOMERY b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest lown) write RURAL end give nearest lown) Æ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO completely papers. 3. NAME OF Middle DECEASED (Type or print) DEATH AGE (In your IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED last birthday) Months WIDOWE DIVORCED physician AL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Retail Salesman-ret Meat products Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ease .5 attending Angeline Greene Edmund L. Amiss 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then (Yes, no, or unkown) (If yes give we ror detes of sarvice) 7-4520 Helen F. Amiss-wife-same 2d 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause Frequent Preumonia DUE TO (e), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 19. WAS AUTOPSY PERFORMED? NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., atc.) Not While While Hour e.m. at work at work IRECTOR: May 10 19 62 and that death occurred at 200 from the causes and on the date stated above. saw the deceased alive on.... 22a, SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. FUNERAL ADDRESS 22c. PHYSICIAN'S NAME (Type) predley D. Hodekins 230. BURIAL, CREMATION, 136. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Specify) 0.5 Burial Forest Oak Cemetery Gaithersburg Maryland 250. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Cirilway & Firmers Robert A. Pumphrey, Bethesda, Maryland DATEMAR 1

STATE DEPARTMENT OF HEALTH



DYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) Item 23b Film G310 1. PLACE OF DEATH e. COUNTY b. COUNTY Montgomery MARYLAND South Carolina c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) 38 days Bethesda (Rural) Folly Beach d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, g ve street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES 🗌 NO 🙀 105 W. Erie Avenue U. S. Naval Hospital NAME OF Middie 4. DATE DECEASED OF (Type or print) DEATH Louis Martin Anderson Jr. 9. AGE (In years HE UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH IF JNDER 24 HRS. last birthday) Months Devs Male WIDOWED [DIVORCED | Caucasian September 12, 1961 Q 12. CITIZEN OF WHAT COUNTRY! 10a USJAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Child South Carolina USA 13. FATHER'S NAME I MOTHER'S MAIDEN NAME Louis Martin Anderson Sr. Carol Ann Cornelius 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unknwn) ! (If yes give wer or detes of service FATHER: Louis M. Anderson Sr., Same as 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16-1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, [Enter neture of in my in Pert I or Pert II of Item 18] 20a. ACC DENT WAS UNDERLYING TO 1 OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 1 20). (City or fown) (County) (State) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While _Not While Hour e.m. at work at work 21. I certify that XX (this hospital) attended the deceased from . February .. 1019 62 to . March .. 20, 19.62, that (1) (we) test saw the deceased alive on. March 20, 19. 62, and that death occured ab: 50RM from the causes and on the date stated above 22a. SIGNATURE SJGNED ATTENDING PHYS DIRECTOR March 21, 1962 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Frederic A. Schilaner LT MC USN U. S. Naval Hospital, Bethesda, Md. 23c NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (Stete) 23a BURIAL, CREMATION, 23b DATE THEREOF の市品 REMOVAL (Specify) Arlington, Virginia Arlington National Burial 25m, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE Bethesda, Md. DINERAL DIRECTOR'S SIGNATURE VR A15 (4) MAR 2 3 '62 anthon S. Thous 15M, 7, 61

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, If institution, Residence before edm.sston) e. COUNTY files. Health, b, COUNTY Montgomery Maryland Mont. MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give neeres) lown) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RUSAL and give negrest town)
Silver Spring ŏ Silver Spring 16 vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) IS RESIDENCE ON A FARM? 610 Pershing Drive 610 Pershing Drive YES NO TO 3. NAME OF 4. DATE Middle Year DECEASED (Type or print) Argerake DEATH George (nmi) March 6 62 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED with 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Inst birthday) Months Hours male white WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) N&B Delicatessen -Greech-Greece USA Gro. Pages pages PM3 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Argerake Maria Chagaroulis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give werer datas of servica) Patricia J. Argerake 610 Pershing Dr. S.S., Md. 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Peracerdial Tamponade sudden IMMEDIATE CAUSE (e) in pencil DUE TO burial Rup. of heart Conditions, if eny, which gava rise to immediata cause DUE TO (a), stating the underlying Myocardial infarction PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 YES X NO 4 should 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18) 20a, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Auto Accident Chief 1 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (State) 986 factory, street, office bldg., atc.) While Not While Sept. 1960 5HOW OXX D.C. to the OR: Pa el work X al work MXX. Highway Wash. the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion lease execute the certific.
should be forwarded to death resulted from, Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO March 7. 1962 NAME (Typa) Frank J. Broschart Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d. LOCATION (City, town, or country) 224. BURIAL, CREMATION, REMOVAL (Specify) 40 9 Glenwood Cemeterv Washington, D.C. Burial ADDRES8434 Georgia Ave 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME Silver Spring, Maryland DATMAR 8 '62 5M 9/60

PVI AND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral tems 1 F3 im G308 5/12/62 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) a. COUNTY b COUNTY Lont omery Warvland entermery 후 C 속 MARYLAND by the b. CITY OR TOWN (if outside corporate limits. C LENGTH OF STAY IN 16 c. CITY OR TOWN (If ourside corpore! I mits, write RURAL and give nearest town) write RURAL and give neerest town) Rockville. Rockville filled in Pages 部 d. NAME OF HOSPITAL OR INSTITUTION (if I in hospital, give street address) Carrolton & Norbeck | Rosa FARM YES NO X Manor Ulub Estates completely papers. n 72 ho 3. NAME OF DATE Middle Month DECEASED OF (Type or print) DEATH and col DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR 5. SEX COLOR OR RACE IF LINDER 24 HRS. 7. MARRIED NEVER MARR ED last birthday) Months Days Hours 1883 Female July 19. WIDOWED IX DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & State, or fereign country) 1.12. CITIZEN OF WHAT COUNTRYS done during most of working life, even if retired) Clark eal Estate Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding pl Amelia S. Lambert George H. Langhenry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address Md. (Yes, no, or unkown) | [[fyesgivewerordetesofservice] Burton M. Lanchenru Manor Club states, Jockyi !! 1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 1500 DUE TO Conditions, if any, which (b) gave rise to immediate couse DUE TO (e), stelling the undarlying ceusa lest. PART L. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEDE NO 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCUPED, (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While et work at work 1962, 10 .. 21. I certify that (1) (this hospital) attended the deceased from. saw the deceased alive on..... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. M.D 22c. PHYSICIAN'S ADDRE NAME (Type) 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) 3-6-62 Fort Lincoln Cemetery Bladensburg OFA Buria. Caruland 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 4812 Ca. .. ve. , ! . V. , . lach. 15M 9/60 Juneral Home

DYLAND STATE DEPARTMENT OF HEALTH



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03342 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Mont Gom Ex MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 RURAL and give negret d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? YES | NO | NAME OF Middle DECEASED (Type or print) 19 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED T NEVER MARRIED T Months Dovs Hours DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO P 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c TIME OF INJURY Month, 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) While Not while at work | at work 21. I certify that I attended the deceased from That I last saw the deceased alive on and that death occurred Z.M. from the causes and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 27a. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Colesville Montgomery Co. Maryland 3-13-62 Colesville Cemetery ADDRESS 8434Georgia Ave 240, REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE Warner E. Pumphrey, Inc. Silver Spring, Maryland DATE WAR 1 4 '62

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\ == ^	03343 CERTIFICATE OF DEATH	03336
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ficate be cian and cove carbon event, with	make Megro WIDOWED DIVORCED 2/18/17 45	n years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. yrs. I 12, CITIZEN OF WHAT COUNTRY?
ding physical certification of the second certification of	Trung Co. 14 MOTHER'S MA DENNAME Trances To arres. Frances Ma.	L. W. J. H.
that the din. Then the rit. Then the removal, at		Address, January Agranda Serween Interval Between
w requires g physicia signed by ansit perm lation, or r	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) STATUS ASTHMATICUS DUE TO Conditions, if bony, which (b) ADRENAL INSUFFICIENCY	ONSET AND DEATH 24 Tra_
V: The lay or attendin has been he burial-th urial, crem	geve rise to immediate cause (a), stating the underlying DUE TO cause last, (c)	ONE VESTIN BART 1-1110 WAS AUTORSY
rysicial bospital certificate vinse as the prior to be	PART T. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAT DISEASE CONDITION 20e. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING TO THE TERM NAT DISEASE CONDITION OR	PERFORMED?
DING Prined by the After this letached for the After this of Health	Total Control of the Control of th	(County) (State)
TTEN RECTOR hould be c	21. I certify that (I) (this hospital) attended the deceased from 3/3//52, 19.5, to3./. saw the deceased alive on 3/3//6219, and that death occurred allowed, from the call 22e. SIGNATURE	, 226. PATE
HOS AL 4 may FUNERAL DIR sector, page 3 sho filed with the St.	Tohu 6 Conenett M.D. ATTENDING MED. STAFI PHYS. DIRECTOR PHYS. 22c. PHYSIC ANJE NAME (Typo) JOHN E. EVERETT 9400 CONN X	
death. I TO FUNI director, be filed	236. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CREMATORY Lincoln Suitlance 24 FUNERAL DRECTORS SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25	d, Maryland
VR A15 (4) 15M 9/60	W. Ernest Jarvis Co., Inc. 1432 You Street, N. W. APR 5 '62	Cathur S. Kane



STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND ERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY o. STATE Maryland b. COUNTY -MARYLAND Montgomer y b CITY OR TOWN (If autside corporate limits, write c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) +Silver Spring Silver Spring d NAME OF HOSPITAL (If not at hempital, give street address OF INISTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 901 Snider Lane Marilea Nursing Home YES NO F NAME OF DECEASED First 4. DATE Middle Last Manth Yeor Alpha L. Beck (Type ar print) DEATH 196 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH lost birthday) Months Hours DIVORCED | WIDOWER f'emal e white 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Housewife New Jersey U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elsworth M. Eastwood Dena Huffmen IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Edward Beck same no 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame form, 20f. (City or town) 20d. INJURY OCCURRED Doy, (County) (State) foctory, street, affice bldg., etc.) Hour o.m. White Not while ot work ot work p. m. 21. I certify that (1) (this hospital) attended the deceased from the conand that death accurred at MM, from the causes and on the date stated above. saw the deceased alive april 22a SIGNATURE 22b. DATE 5 GNED MED DIRECTOR PHY5 226 PHYS CIAN'S 22d. ADDRESS NAME (Type) Seminary Rd. Silver Spring.Md. 230 BUR AL, CREMATION, 236, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town, or county) REMOVAL (Specify) Cemeter v Washington. huria.] 24. FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE C! Thur & Thomas Company Washington Hines

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DIRECTOR

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hours after y the funerand 2 should beath	M	PLACE OF DEATH e. COUNTY MONTGOMERY MARYLAND D. CITY OR TOWN if outside corporate I mits, write RURAL and give neerest lown) write RURAL and give neerest lown
ely fuled in b ars. Pages 1 hours after o		Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress The Clinical Center, Bethesda 14, Md. NAME OF Route #2 NAME OF NAME OF ROUTE A. DATE Month Dey Year
e be execu.		Walter Wayne Bender March 26 19 62
death certificat iding physician please remove and in any eve		DR. USCAL OCCUPATION (Give kind of work one during most of working life, even if relired) Farmer Farm Maryland U.S.A. Walter L. Bender Walter W
law requires that the deding physician. en signed by the attendi		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC.AL SECURITY NO. 17 INFORMANT The Medical Record, 16. On, or unknown) Iffyes give was or detected securities None
IYSICIAN: The hospital or attention to entificate has be or use as the burial prior to burial, or		206. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part 1 of Pert II of Hem 15.)
NDING PI sined by the R: After this detached for t of Health		[IF EITHER, NOTIFY MEDICAL EXAMINER] 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED While at work 19 at work
AL rela e 4 rela ERAL DIRECTOR page 3 should be with the State Dept		21. I refify that M) (this hospital) attended the deceased from Jan. 25
TO HOMERAL WEST WEST		MICHAEL FIELD, M.D. Institutes of Health, Bethesda 14, Md. 3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stote) REMOVAL (Specify) 3/29/62 Sunset Memorial Park Cumberland, Maryland FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE John J. Hafer. Cumberland, Maryland DATE MAR 2 8 '62 Cumberland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL DESPADOR AND DECODES 301 W DESTON STREET RALTIMORE 1 MARYLAND



REET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 93346 funeral Ttom 8 F17m C308 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY e, STATE 유유 MARYLAND on raomery and b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest fawn) ely filled in b rrs. Pages 1 a hours after o d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) er d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington HOSPIJE YES NO 1 completely 3. NAME OF Month 1 30 OF (Type or print) DEATH 19 6 and cor 5 SEX 6 COLOR OR RASE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days EMIZI WIDOWED X DIVORCED physician a 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired HW. CORSETIERRE RETILEO NOH CITIZEN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending and JEROME LEVINSON ď DEBORAH Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [(Ifyesgivewerogdalesofservice) remova 309 BELTON Rd. SSMd. GEORGE BLOOM 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) dHov. DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying PART IL OTHER SIGNIFICANT CONDIT ONS WAS AUTOPSY PERFORMED? roinlestinal 20b. DESCRIBE HOW INDER OCCURED (Enter lature of injury in Part 1 of Pert 1 of Item 18.) NO 2 206. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, farm. 20f. IC.ly or town] Month, Dey, Yeer (County) (State) Not While factory, street, office bldg., etc.) While et work et work p. m. DIRECTO 21. I certify that (I) (this hospital) attended the deceased from March 4 1962 to. 1991.64.5. , 19 62 that (I) (we) last1962..., and that death occurred at 3.3 M, from the causes and on the date stated above; saw the deceased alive on 22b. DATE ATTENDING SIGNED director, page 3 DIRECTOR PHYS. M D PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 7600 23a. BURIAL, CILLARATION, 123b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stele) REMOVAL (Specify) AT. HEBRON CEMETERY BURIAL 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE ADDRESS VR A15 (4) 3501-14pk hu 15M 7/61 DATE







N STREET, BALTIMORE 1, M SINGESTPENCE (Where deceased lived, If institution Pasidence bear) 3 de 1. PLACE OF DEATH a. COUNTY MARYLAND outside corporate limit write RURAL and give nearest town c. LENGTH OF STAY IN 1b Bethesda West Point d NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) NAME OF completely M.ddle DECEASED DEATH (Type or print) 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS fest birthdey) Months WIDOWED A 10b. KIND OF BUSINESS OR INDUSTRY & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? most of working life, eyen if retired) House wite FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknwn) (If yes a vewer or detay of sarvice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO HEART FALLURE Conditions, 1 any, which gave rise to immediate causa DUE TO (a), stetling the underlying WAS ALTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Year (Stata) eet, office b dg., etc.) at work 21. I certify that (I) (this hospital) attended the deceased from 12/22 and that death occured at from the causes and on the date stated above 22e, SIGNATURE PHYS. DRECTOR 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 238. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Hopewell Honewell ADDRESS 256, REC'D BY REGISTRAR 256, REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Bethesda, Maryland DATE MAR 3 0 '62 Pumphrey, 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 03348 director, iled with I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. COUNTY filed b. COUNTY MARYLAND funerol b. CITY OR TOWN (If autore corporate limits, write RURAL and give nearest towa) c LENGTH OF STAY IN 16 c. CITY OR/TOWN (If outside corporate limits, write RURAL and give nearest fawn) D d NAME OF HOSPITAL (If not in-haspital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 07 Universi YES [NO K .⊑ NAME OF DATE Middlet Last Month Year filled DECEASED (Type or print) DEATH 30 19/2 MARRIED NEVER MARRIED 8 DATE OF SIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthdoy) DIVORCED T WIDOWED 🗌 cample popers. 10a. USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own home puo carbon 13. FATHER'S NAME physician 05C 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address None atherine attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:
| MMEDIATE CAUSE (o) **DUE TO** Conditions, if any, Wh ch gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost, CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, Day, Year 20a PLACE OF INJURY (Hame, form, 20f (City or town) 20d. INJURY OCCURRED (Stote) foctory, street, office bldg., etc.) Hour o m. While Not while of work at work 21. I certify that I attended the deceased from January, 1953, to March 30, 1962, that I last saw the deceased 1967, and that death accurred at 12:16AM, from the causes and on the date stated above. FUNERAL DIRECTOR: age 3 should be detact ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL CREMATION 22b DATE THEREOF LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY (State) page REMOYAL (Specify) Silver Spring, Montgomery Co. Md. 4-2-62 Gate of Heaven Cemetery Burial 0 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Circles S. Huma VS A15 (4) Pumphrey. 15M 9/58



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) a. COUNTY Page b. COUNTY orector. Pag-MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give mearast town) corporate limits. d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp-tel, give street eddress) for e. IS RESIDENCE ON A FARM? 203 retained State YES NO K death. 3. NAME OF DECEASED OF the (Type or print) DEATH Mar 1962 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR | 7. MARRIED IF UNDER 24 HRS. last birthdey) Months WIDOWED [E O C IOa. USUAL OCCUPATION [Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRYS done during most of working life, even if relired Lynchburg, Virginia MOTHER'S MANDEN HAME 13. TATHER'S NAME Robert T. Banks 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INPORMANT (Yes, no, or unknown) | (Ifyes give war or dates of service) iordyce Place -Bethoode, Robert T. Blanks 111 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Ü Conditions, if any, which' geve rise to immediate ceuse **DUE TO** (e), stelling the underlying Examiner cause lest. PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)1 19, WAS AUTOPSY PERFORMED? <u>2</u> cromat NO X plnods 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II of Item 18.) PRIMARY OF CONTRIBUTING Selfauflette stat que voir les parties de la compartie de la c 20c. TIME OF INJURY Month, Day, Year (County) (State) The P. 1947 et work et work OR: 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection 📆. <u>o</u> and in my opinion shease execute the certific should be forwarded to FUNERAL DIRECTO death resulted from-Natural causes Accident Su'cide IV. Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER 4 **EXAMINER'S** DEPU NAME [Type] Address (Street, city, town, or county) 220, BURIAL, CREMATION, 225 DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Z40 Bur-Transit Lynchburg, Virginia 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Core-1 Chilling S. Thous VS. A15ME Maryland 5M 9160

STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECOR W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Montgomery **통** 건축 MARYLAND California b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give nearest lown) 122 days Bethesda (Rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 15 RESIDENCE ON A FARM? 4231 Santa Cruz Avenue YES NO X U. S. Naval Hospital 3. NAME OF 4. DATE Middle DECEASED (Type or print) DEATH Esther Lillian Bogenholm 19 62 March 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH iest birthday) Female Caucasian widowed DIVORCED T January 20, 1907 10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11, BIRTHPLACE (County & State, or foreign country) 1 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if rehred) Housewife San Diego, California USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John P. Feeny Mary A. Hachatt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) [(If yes give war or dates of service) HUSBAND: Wilbor T. Bogenholm, Same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (a), ,b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 24 HOURS IMMEDIATE CAUSE (a) BRONCHS PNEUMONIA JAKOB- CREUTZFELDT SYNDROME gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a ACCIDENT WAS UNDERLY NG 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Jam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, 1 201. (City or town) [County] (Stote) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (K (this hospital) attended the deceased from Nov. 6, 19.61 to March 8, 19.62, that (K (we) last saw the deceased slive on March. 8. ... 1962..., and that death occured at 42.08PMom the causes and on the date stated above. 22a, SIGNATARE 22b. DATE SIGNEDI PHYS, DIRECTOR M D 22d. ADDRESS JOHN W. BRACKETT JR., ULT MC S. Naval Hospital, Bethesda, Md. 23s. BURIAL, CREMATION, | 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0 Holy Cross San Diego, California 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE Bethesda. Md. VR A15 (4) Home, 7557 Wisc. Ave. DATE 1SM 7/61 Pumphrey//Funeral

RYLAND STATE DEPARTMENT OF HEALTH



Pumphrey. Bethesda, Maryland

RYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO T

1962

Year

IF JINDER 24 HRS

Hours

INTERVAL BETWEEN ONSELAND DEATH

C

PERFORMED?

NO

(Stata)

22b. DATE SIGNED

(Slata)

Days

(County)

arthur &

DATE

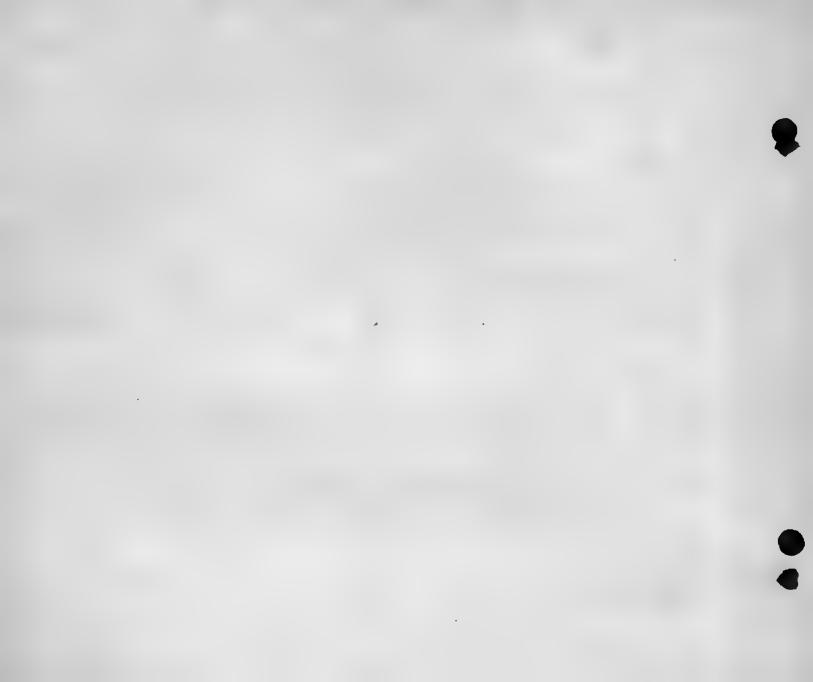
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VR A15 (4) 1SM 7/61



19 1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	03352 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03345
REALIH DEPT.	1. PLACE OF DEATH • COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission)
essary, r. Page files. Health	Mentamery MARYLAND 8. STATE mel 6. COUNTY ments
E E	b. CITY OR TOWN (if outside corporate limits, write RURAL and give notes! town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give notes! town)
	Washington hove 14 yrs 11/ashington Thoras
	d. NAME OF HOSPITAY OR INSTITUTION (If not in hospite), give street eddress) d. STREET ADDRESS) e, 15 RESIDENCE
uneral ined france ate B.	416 5 - RUZ ON A FARM? YES NO FI
Starin early	3. NAME OF First Middle Last 4. DATE Month Day Year OF
of the Park	(Typa or print) Colors Heston Bowline DEATH MAN 13 1962
4年4年	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
2 mand 2	male white WIDOWED 7-3-1900 (1) yrs. Months Days Hours Min.
# 4, 2, 6 F	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Page 1 s 1 s 1 s	muchant returned N. E. M. S. Ce.
Page M3.	13. FATHER'S NAME
P. P	E. H. Bowling muni Jackson
For Sylve	15. WAS DECEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((flyesgivewererdeitssofservice)
od v ith erm ermy	Cinqueta Bowling (wife) Ilun 2
an Ite	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
exe reit i alon alon and	PART I, DEATH WAS CAUSED BY: (MANEDIATE CAUSE (6) Commany Occlusion
7 5 6 <u>7</u> 4	TO DUE TO
thould a" in p s Office a buriz	Conditions, if any, which (b)
0 E F 8 E	gave rise to immediate cause (e), stating the underlying DUE TO
fication mine mine ed a	cause last. (c)
r certific nrd "pei il Exam be usec nation,	PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
2 2 0 p 5	S YES NO Z
ER: 7 the Me sho ial,	PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PREFORMED YES NO PRIMARY OF CONTRIBUTING CONTRIBUTION C
MINI Chief Chief ge 3	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)
KAI W w he (Hour a.m. While Not While factory, street, office bldg., etc.)
Price E	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry, and in my opinion
A FEBRUAR	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
PE CONTRACTOR NAME OF CONTRACTOR	CHIEF MEDICAL EXAMINER
Mate of the state	SIGNATURE Trank 1. Brechart M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
execute for IN	EXAMINER'S FRANK T. BLOSCH 2NY Address (Street, city, town, or county)
DEPT Base e shoulk FUNI	22a, BURIAL, CREMATION, 22b. DATE THIREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
0 5 4 0 9	Bure of 3/15/6 - Polington Mid Elect Asherentage Calle
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS 1246. REC'D BY REGISTRAR 246. REGISTR
5M 9/60	Change Character to Back of Wash 16 Thomas MAR 15'62 Ling & France
•	1) I was

MADVIAND STATE DEDADTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm ssion) e. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL and give negrest town) . IS RESIDENCE ON A FARM? YES NO 210 DECEASED (Type or print) DEATH 9. AGE (In yours) IF UNDER I YEAR 8. DATE OF BIRTH 7. MARRIED A NEVER MARRIED last birthday) DIVORCED WIDOWED 12. CITIZEN OF WHAT COUNTRY? 106 KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) alismun 13. FATHER'S NAME MOTHER'S MAIDEN NAME Mary Adair Clarence Boykin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) Mayes WW 2 Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO left chest (heart) geve rise to immediate cause DUE TO (e), stating the underlying ention fast PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11-11 19. WAS AUTOPSY PERFORMED? NO G 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20s. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 200. PLACE OF INJUS (Home, form, 20f (City or lown) (State) at work at work and in my opinion Inquiry 📝 death resulted from. Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forver its decirated. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 220, BURIAL, CREMATION I 22d. LOCATION (City, lown, or country) (State) REMOVAL (Spec'fy) Cedar Hill Crematory Suitland, Maryland \$ 0 P 40 Bremation 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. ATHMER withing S. House Robert A. Pumphrey, Bethesda, Maryland SM 9160

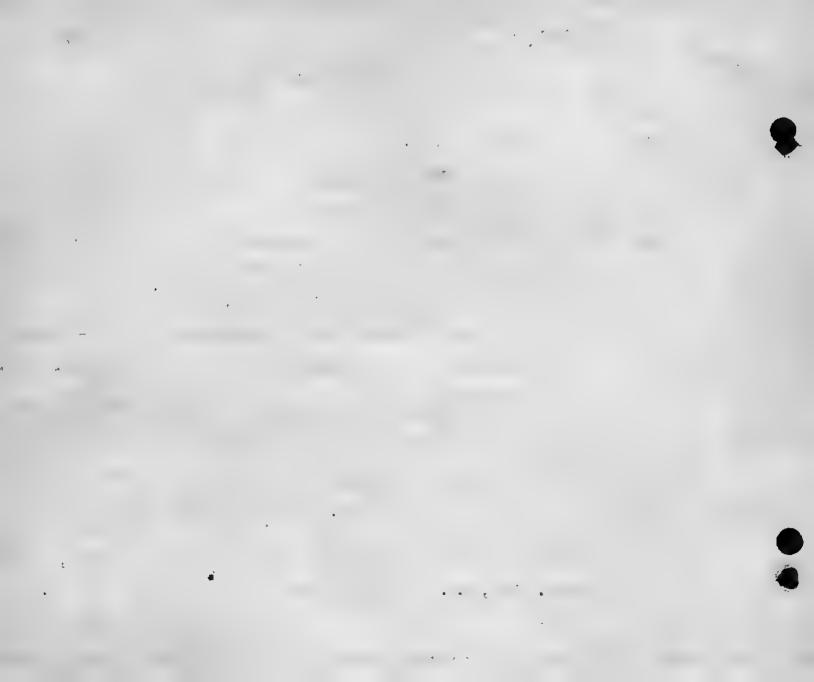


1			- MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, A	S A DVI A ND
1 200	7		02354 CERTIFICATE OF DEATH	03347
funer range	VI)		PLACE OF DEATH COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution a. STATE b. COUNTY	Residence before edmission)
4 hou by the and 2 death.			Montgomery D.C. CITY OR TOWN (if outside corporate limits, write RURAL e write RURAL and give neerest town) MARYLAND D.C. C. CITY OR TOWN (if outside corporate limits, write RURAL e	nd g ve neerest town)
lled in ages 1 s after	74	-	Bethesda 5 days Washington NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress, d street address)	e. IS RESIDENCE ON A FARM?
mpletely fillipapers. Page n 72 hours		3. T	Suburban Name of First Middle Last 4. Date Month OF	Dey Yeer
	1.		Type or print) Daniel A. Boyle SEX G. COLOR OR RACE, 7, MARRIED TO BEYER MARRIED TO BE DATE OF BIRTH 9 AGE (In years If UNDER	9 1962
ate be es an and co e carbon	I)	M:	Thite WIDOWED D VORCED 1 9/7/87 74 YES. Months	Deys Hours Min.
certifical shysician remove any ev		ەلە	e during most of working life, even if retired)	I.S.A.
death nding p please and in			Thomas Boyle Elizabeth Casey	may .
e affer Then soval,		15, (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT, 10, or unknown) [ffyesgive war or detes of service] Elva Boyle, wife same as a	ibove
ires this sician d by the permit			18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), end (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) RENAL FAILURE UREMIA	INTERVAL BETWEEN ONSET AND DEATH
w require phy signer ransit nation,			550 DUE TO Conditions, Teny, which) (b) RUPTURED APPENIX auth PERITONITIS	7 0AY
The la attending as been burial-t			geve rise to immediate ceuse (e), stating the underlying DUE TO	, , , , ,
IAN: tal or cate he as the to buri	(CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAU DISEASE CONDITION GIVEN IN PA	PERFORMED?
PHYSIC the hosp his certifi for use th prior		CERTIFICA	206 ACCIDENT WAS UNDERLYING [206. DESCR BE HOW INJURY OCCURED (Enter nature of injury in Part Lor Part II of Idam 18.) OR CONTR BUT ING CAUSE OF DEATH (IF EITHER, NOTIFY MED CAL EXAMINER)	YES TT NO M
IDING ned by After t detached of Heal		MEDICAL	20c. TIME OF INJURY Month, Dey, Yee: Hour e.m. p.m. 19 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or town) (Company) fectory, street, office bidg., etc.]	ounty) (State)
retail TOR TOR De pt				9 <u>6.2</u> that (1) (we) last
ECT Pield			saw the deceased alive on3/19	the date stated above.
L 6 4 may RL DIR ge 3 she h the St			22e. SIGNATURE ATTENDING PHYS. ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS	3/19/SIGNED
HOSP Ash Paye 4 FUNERAL Perfor, page filed with the	1		NAME (TYPO) LEO I DONGVAW MO 8211 WING AVE BETH 1	4 140
	1	23e	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Town or counterly)	nty) (Stete,
ပ်ခဲ့ပါခဲ့မှာ		_	BURIAL MAR, 22, 1902 MT. OLIVET CEMETERY WASHINGTON	V. C.
YR A15 (4) 15M 9/		24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS) SIGNATURE

24 hours affer



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 03355 CERTIFICATE OF DEATH	, MARYLAND 03348
M)		PLACE OF DEATH a. COUNTY Montgomery Manyland b. CITY OR TOWN (foulside corporate limits, write RUR.) C. CITY OR TOWN (foulside corporate limits, write RUR.)	gton
50		Bethesia Arlington Ande of Hospital or Institution (if not in hospital, give street eddress) Arlington d. STREET ADDRESS	o, IS RESIDENCE ON A FARM?
1		e Clinical Center, Bethesda 4, Md. 1309 South Taylor Street	VES NO
٦		SEX 6 COLOR OR RACE 7. MARRIED FR MARRIED 8. DATE OF BRTH 19. AGE (In yours If Jhe most birthday) Maile White Widowed Divorced 24 June 1907 59 yrs	
	do	USUAL OCCUPATION (G ve kind of work no during most of working life, even if relired) ervice Manager FATHER'S NAME 105. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE, County & Stete, or foreign country) Pennsylvania 14. MOTHER'S MAIDEN NAME	U.S.A.
val, and ir	15, (Ye	George Braun WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Receive, 15. No. or unkown! (Iffyesgive war or detes of service) 173-12-6576 The Clinical Center, Pethedda 1	/ Menuland
7, 07 1980		18. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Perforated Duodenal Ulcer with peritonitis	INTERVAL BETWEEN ONSET AND DEATH 2 - 7 days
		Conditions, if eny, which gave rise to immediate cause (b). Advanced Carcinoma of Bladder DUE TO couse lest.	2 yrs, 9 mos
7	CERTIFICATION	PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN	PART 1(a), 19. WAS AUTOPSY PERFORMED? YES NO
	T.	206. ACCIDENT WAS UNDERLYING _ 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert 1 or Part II of Itam 18.) OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
	MEDICAL	Hour e.m. p.m. 19 While Not While fectory, street, office bidg., etc.) 21. 1 certify that (2) (this hospital) attended the deceased from Feb	, 19.62 that (t) (we) last
		saw the deceased give on March 23 19 601 and that death occured at M. from the causes and 22a. SIGNATURE	22b. DATE SIGNED
		22c. PHYSICIAN'S NAME (Type) Yosef H. Pilch, M.D. Institutes of He lth, Beti	esga 1/4, Md
		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or REMOVAL (Specify) 3-25-62 EVERGINE LUTRY FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25c. REC'D BY REGISTRAR 25b. REGISTR	Virginia
	24	OM Cichenles ges Vienna Virginia Date MAR 27'62 0"	- 2 Kines



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) . COUNTY b. COUNTY Montgomers

b. CITY OR TOWN (Il outs de corporate limits, MARYLAND E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RLRAL and give nearest town) write RURAL and give nearest town) TAKOINA THE TAKOWA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? 8600 Glenview YES NO 3. NAME OF Middle Yeer **DECEASED** (Type or print) DEATH 19 62 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months WIDOWED [DIVORCED 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CIT ZEN OF WHAT COUNTRY? done during most of working life, even if rehized 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Il yesgive wer or detes of service) Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (e). (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (8) DUE TO gave rise to immadiate cause DUF TO (e), stetling the underlying causa last. PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? 208 ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HO 20b. DESCRIBE HOW NJURY OCCURED. (Entitle ours of injury in Part I or Part II of tem 18 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) Month, Day, Yeer factory, street, office bldg., etc.) While _ Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from... aug 1956 10 march 24, 19.62 that (1) (-) last 23, 1962, and that death occurred 35.4M, from the causes and on the dete stated above. saw the deceased elive on March 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR 22d. ADDRESS å 🕏 o 🕏 BY REGISTRAR | 256. REGISTRAR'S SIGNATURE NERAL DIRECTOR'S SIGNAL ISM 7/61



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03357 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution, Residence before edm'ssion) a. COUNTY MARYLAND OTY OR TOWN (if outside comparate limits, c. CITY OR TOWN of outside corporate limits, write RURAL and give neerest town) C. LENGTH OF STAY IN 16 write RURAL and give nearest town) Takoma d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? Wash na HOS P. YES NO DATE DECEASED OF 19602 (Type or onnt) DEATH S SEX 6. COLOR OR RACE AGE (In years) IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED (asi birthday) Months Devs Hours WIPOWED N S WS DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY . 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Then please Not AVAILLBLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of sarvice) NO 18. CAUSE OF DEATH [Enter only one cause per | ne tot (a), (b); and (c). INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate causa DUE TO (a), stating the undarfying 460 PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of tem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 1 20f, (City or town) 20c. TIME OF INJURY Month, Day, Yaar (County) (Stelle) factory, street, office bldg., etc.) Hour am While Not While at work | et work 0.00 21 | certify that (I) (this hospital) aftended the deceased from...... saw the deceased alive on..... 220 S GNATUR 22b. DATE ATTENDING S GAIED STAFF PHYS. DIRECTOR FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county), 23a. BURIAL, CREMATION, 0 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 [4] 15M 7/61

*1	31	MARYLAND STATE DEPARTMENT OF HEALTH
	الطيين	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
ਰ ਹ		03358 CERTIFICATE OF DEATH
funeral	450	1. PLACE OF DEATH a. COUNTY a. COUNTY
\$ 20 €		Mantemery MARYLAND Maryland montgomery
Ser d	M	b. CITY OR TOWN of outs de corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)
fter In		Bethesda law Keckuille mondand.
ages rs afte	1.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addiges) d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
Pely f		3. NAME OF First Middle Last 4. DATE Month Day Year
ape 72		DECEASED
E in		5. SEX 6. COLOR OF RACE 7. MARRIED N NEVER MARRIED N B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
M. Wi		Francis Widowed Divorced Ton 3 1919 43 yrs. Months Days Hours Min.
ove c		10a. JSUAL OCCUPATION (GIVE Lind of work 10b. KIND OF BUSINESS OR INDUSTRY) 1 BETHPLACE (County & State or fore gr country) 1.12. CITIZEN OF WHAT COUNTRY?
ome y		one during most of working life, even if ratiral) Own Home Columbia S. Cor. line USA.
Se f		13. FATHER'S NAME
nd i		William P. Swygert LYDA Roberts
ē - ē	T	15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO., 17. INFORMANT (Yas, no, or unknown) (Ifyas giva war or dates of service)
E è		NO 578-14-9440 milton Brame - 705 marshallave
rm rei		18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).) PART DEATH WAS CAUSED BY: ONSET AND DEATH
n or	1.	IMMEDIATE CAUSE (a) AT Klima , hermorringe 2 whs -
remation,		Conditions, I may, which) 16) adveral cortical failure
Gen		geve rise to immediate cause
the our		(a), stating the undarlying Due to Stress Well- (Sastie), interhind hatribas la war
bur	A	PART I. OTHER SIGNIF CANT COND TIONS CONTRIBUTING TO DEATH BULL OF RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
e 35	,	1 previous odvanced eauer where thistilas YES NO XI
r use		2Da. ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Bort or Part of item 18.)
\$ £		UF EITHER, NOTIFY MEDICAL EXAMINER)
erac ed of		20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED 2Da. PLACE OF INJURY (Home, farm, '20f. (City or fown) (County) (Stata) Hour a.m. Whila Not While factory, streat, office bldg., atc.)
Should 6 o State Dept.		21 I certify that (I) (this hospital) attended the deceased from 1 5 5 2, 19, to 3. 7, 19,6. That (I) (we) last
fafe		saw the deceased alive on 3.2.119.6.2 and that death occurred at 11.2M, from the causes and on the date stated above.
2 S		ATTENDING MED STAFF 3/23/62 SIGNED
page with t	1	22c. PHYSICIAN'S
E D	1	PAME (Type) JOHN O. ROBBEN 1015 JAPING ST. LUE RSPRING Md.
ecto		ZIR. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stelle)
2 3	5	BURIAL 3/26/62 Cedar Hill Cemetery Suitland, Maryland
5 (4)	Ah)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS AND SILVER 256. REGISTRAR'S SIGNATURE WARNER E.PUMPHREY INC. 8434 GEORGIA AVE. SILVER
100	Y	Raymond a- Sieka _ SPRING.MD. DATE MAR 2 1 62



1		MARYLAND STATE DEPARTMENT OF HEALTH	
Г		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	
₽ ~~		03359 CERTIFICATE OF DEATH	03352
Z NA	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Instit 5. COUNTY 6. COUNTY 6. COUNTY	ulion: Residence before admission
(IAE)		Montgomery Maryland Maryland	
Due p		b. CITY OR TOWN (if outside corporate limits, write RUI write RURAL and give nearest town)	RAL end give neerest town)
		Bethesda (Rurah) 2 days X Silver Spring	
5 5		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress) d. STREET ADDRESS	IS RESIDENCE ON A FARM?
ट्र	-	U. S. Naval Hospital 4302 Ferrara Drive	AEZ ☐ NO 1
	Э.	NAME OF First Middle Lest 4. DATE Month DECEASED OF	Day Yeer
	L.	(Type or print) Donald Kenneth Brown DEATH March	
,	۵.		nder I YEAR IF UNDER 24 HRS.
		Male Caucasian WIDOWED DIVORCED January 18, 1922 40 yrs. JSUAL OCCUPATION (Give kind of work 100 KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (County & State, or foreign country)	12, CITIZEN OF WHAT COUNTRY
	de	ne during most al working life, even if retired	
	13	Naval Officer Washington , FATHER'S NAME 14, MOTHER'S MAIDEN NAME	USA
		Tidas Videla Slaswith	
T	15.	WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address	-
رك	(Y	s, no, or unkown) (Ifyesgive-wer ordates of service)	Same as #2
	-	Yes WW II 530 20 9(0) WIFE: Mrs. Edna P. Brown, 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b) and (c).]	INTERVAL BETWEEN
		PART 1. DEATH WAS CAUSED BY: 124 24 24 24 24 24 24 24 24 24 24 24 24 2	ONSET AND DEATH
		H) O 1 DUE TO	
		Conditions, il any, which (b) Coronary insufficiency	_
		geve rise to immediate couse (a), stating the underlying DUE TO	25/
		cause lest (c) Arlenaclesace	25 MAS
3	N O	PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(B) 19 WAS AUTOPSY PERFORMED?
15/10	CAT		AEZ NO
	CERTIFICATI	206 ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURED (Enter netura of injury in Part I or Port II of Item 18 , OR CONTRIBUTING 1 CAUSE OF DEATH	
	100	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20). (City or lown)	(State)
	MEDICAL	Hour e.m. While Not While fectory, street, office bldg, etc.)	(COUNTY) (31878)
	ME	p.m. 19 et work st work	
		21. I certify that (X (this hospital) attended the deceased from March 23, 1962 toMarch 24	that (00 (we) la او.
		saw the deceased alive onMarch 24., 1962, and that death occurred at 11:8244m the causes and	on the date stated above
		ATTENDING MED STAFF	March 24, 1962
	<u>f</u>	22c. PHYSICIAN'S 22d. ADDRESS	
	*	NAME TYPE JOSEPH H. EUSTERMAN LT MC USN U. S. Naval Hospital,	Bethesda, Md.
	23	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown of	_
		Burial 3-30-62 Ivy Lawn Cemetery Oxnard, Cali	fornia
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash. , D.C. 25a. REC'D BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
	W	W. Chambers Funeral Home, 1400 Chapin St. NW DATE WAR 28'62 C	wo S. Hrans
		11 311 / h A .	



ON STREET, BALTIMORE 1, MARYLAND I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) i (if outside of porate LENGTH OF STAY IN 16 Pages NAME OF HOSPITAL OR INSTITUTION (Il not in hospita, g.va straet address) a. IS RESIDENCE STREET ADDRESS ON A FARM? 609 YES NO 3. NAME OF Yaar 4. DATE Month Middle DECEASED OF (Type or print) DEATH IF UNDER 24 HRS. 9. AGE (n years IF UNDER 1 YEAR (birthday طوما Months Days Hours DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY . 11. BIRTHPLACE (County & State, or foreign country) 1 12, CITIZEN OF WHAT COUNTRY? dona during most of working ifa, aven if ratirad) U.S. GOVERNMENT late Then please 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO (Yas, no, or unkown) ((If yes give war or detes of service) None None 18. CAUSE OF DEATH (Entar only one cause per upa for (a) to, and (c) INTERVAL BETWEEN ONSEL AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immadiata causa DUE TO (e), stating the undarlying causa last. PART IN OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUZINOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY ₩ **0** PERFORMED? 200, ACC DENT WAS JNDER ING LOP CONTRIBUTING [] CAUSE OF DEATH CERTIFIC 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury prant I or Part II of tem 18 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED, 20e. PLACE OF INJURY (Homa, farm 2Df. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, straet, offica bldg., atc.) While Not Whila MEDIA Hour e.m. et work at work DIRECTOR p.m. 1962 to 12241 10, 19 67 that (1) (we)-last 21. I certify that (I) (this hospital) attended the deceased from 1911.... 19 67 and that death occurred above. saw the deceased alive on A. A. A. 22a SIGNATURA ATTENDING SIGNED FUNERAL 1 DIRECTOR PHYS. PHYS. 22d. ADDRESS 226 PHYS CIAN S AME (Type) John P. Haberlin 23d. LOCATION (City, town or county) 238 BURIAL, CREMATION, 1 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY [State] ក់ខ្ទុង REMOVAL (Spacify) Fort Lincoln Cemetery Prince Burial Georgia Ave 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Kaymond a. 2 ADDRES 434 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7761 Spring, MarylandoAte MAR 2 0 '62 Inc. Silver



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Whate deceased I ved, If institution: Rasidence before edmission) a. COUNTY b. COUNTY Montgomery MARYLAND Maryland Mon.tgomerv b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b write RURAL and give neerast town) 44 days Silver Spring, Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda 14, Md. YES NO V 8714 Leonard Drive 3. NAME OF 4. DATE DECEASED (Type or print) DEATH Ethel (No middle name) Burgess March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months, Days WIDOWED & DIVORCED [Female 10a, USUAL OCCUPAT ON (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Washington, D.C. Practical Murse & Office Mursing 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME worker William Sedgwick Sarah Hall Decker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTTHE Medical Records (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) The Clinical Center, Bethesda 14, Maryland is cause of DEATH (Enter only one cause per one for (e). (b), and (c).) Necrotizing pneumonia left lower ONȘET AND DEATH PART I. DEATH WAS CAUSE IOLOBE and lingula, right lower lobe 6 days (b) Viral hepatitis with early post hepatitic cirrhosis 2 morths geve rise to immadiate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY for Epidermoid Carcinoma Status post operative total pelvic exenteration 2De ACCIDENT WAS UNDERLY NG J 2DE. DESCR BE HOW IN.URY OCCURED (Enter neture of injury in Pert I or Pert I of Iem IB.) OR CONTRIBUTING [] CAUSE OF DEATH WEDICAL 2Dd, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, ferm, 2Df. (City or town) (Stete) 20c. TIME OF INJURY Month, Day, Year (County) factory, streat, office bldg., etc.) Hour a.m. at work | at work | 0.1262 to March . . 6. .., 1962, that (1) (we) last 21. I certify that (It (this hospital) attended the deceased from January 21. saw the deceased alive on March 22b. DATE 22a. SIGNATURE SIGNED ADDRESS The Clinical Center, National 22c. PHYSICIAN Institutes of Health, Bethesda L4, Md. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR/S-SIGNATUR VII A15 (4) 15M 9/60 DATE MAR

ARYLAND STATE DEPARTMENT OF HEALTH

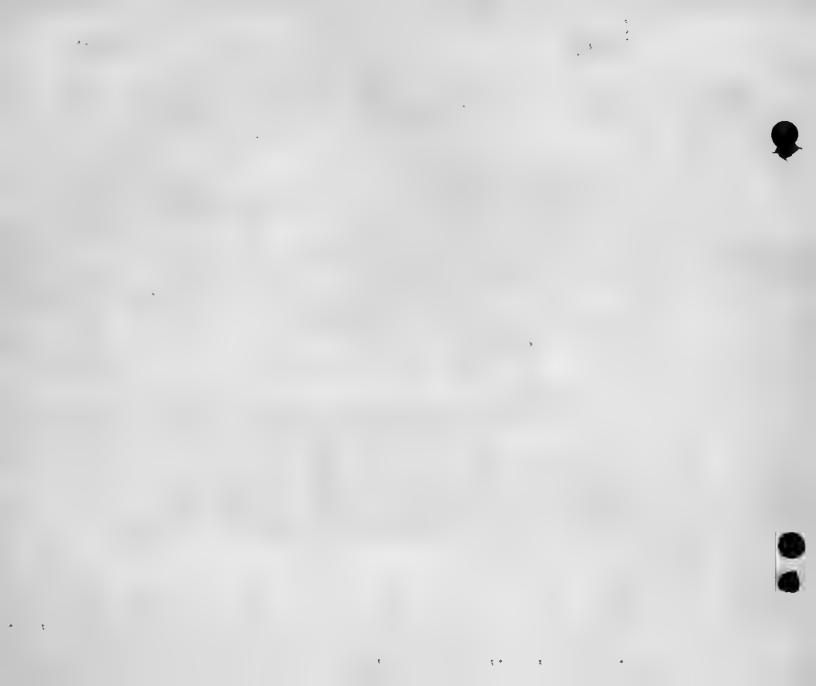


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institutions . COUNTY b. COUNTY b. CITY OR TOWN (if ourside corporate limits, MARYLAND Pennsylvania c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) 231 Days Harrisburg, Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? 1720 Worth 3rd YES NO FR The Clinical Center, Bethesda, 14, MJ. 3. NAME OF DATE DECEASED (Type or print) Jane Charlotte DEATH Burley March 6. CO' R OR RACE, 7. MARRIED THE NEVER MARRIED B. DATE OF BRITE AGE (In yeers FUNDER 1 YEAR IF JNDER 24 HRS. lest birthdey] Months Deys WIDOWED [DIVORCED 14 July 10b KND OF BUSINESS OR INDUSTRY II BIRTHPLACE (County & Stete, or foreign country) | 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Housewife None U.S.A. Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Rice 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: 17. INFORMANT The Medical Records. (Yes, no, or unkown) ((Ifyes give wer or detes of service) Not available The Clinical Center, Bethesda W., Maryland 18. CAUSE OF DEATH [Enter only one cau per line for (e), b), end c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 43 Hours IMMEDIATE CAUSE (6) Arterial Lypertension Malignant Carcingid (primary tumor of the distal ileum) geve rise la immediale cause **DUE TO** (e), sleting the underlying PART FOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? Pneumothorax, left 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Pert I or Part I of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (Stelle) Month, Day, Year fectory, street, office bldg., etc.) While _Not While Hour e.m. el work et work 21. I certify that (1) (this hospital) attended the deceased from August 3, 1961, to March 22, 1962, that (1) (we) last saw the deceased alive on March 22 19 62, and that death occurred at 11 mount in the causes and on the date stated above. 22a. SIGNATURE ATTENDING FUNERAL 22c. PHYS CIAN'S Centor, National Michael Field .Institutes of Health, Bethesda 14, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURGE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] 15M 9/Ⅲ0 Robert A. Pumphrey, Bethesda, Maryland DATE

STATE DEPARTMENT OF HEALTH



		MARYLAND STATE DEPARTME	NT OF HEALTH	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yed, if natitution; Residence before admiss on) s. COUNT) necessary, ector, Page files. Health, MARYLAND CITY OR TOWN (if outside corporate I mit write RURAL and give hearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give perest town) director. 40 Boar INSTITUTION (If not in hospital, give sylet eddress) e. IS RESIDENCE for ON A FARM? YES NO State NAME OF Middle Month Your (Type or print) DEATH 6. COLOR OF RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR ; 5. SEX IF UNDER 24 HRS. last birthday) Months Hours WIDOWED V 100- KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fore go country) 10a. USUA. OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pages 1 13. FATHER'S NAME IN U.S ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: suchder IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO d 20b DESCRIBE HOW INJURY OCCURED, [Enter nature of neury in Part I or Part I of item 18.] 20a, EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20d, INJURY OCCURRED : 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) (actory, street, office bldg., etc.) While Not While at work et work sase execute the certificate, should be forwarded to the 다 다 관 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 🔀 Inquiry 🔣 and in my opinion Be forwarded to death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forwer FUNERAL DI ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER 🖳 **EXAMINER'S** NAME [Type] Address (Street, city, town, or county) DEPL 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g Friendship Methodist... Damacus, Md. Burial 248. REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE ADDRESS Rockrille. DATMAR 2 2 162 Circhar S. Harra 5M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH



1. 1		MARYLAND STATE DEPARTMENT OF HEALTH
AV_	y	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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Per Per 2		3. NAME OF First Middle Les' 4. DATE Month Day Year
E C C		(Type or print) Norman Franklin Butler, DEATH March 3 1962
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tha Firth		- 7	18. CAUSE OF DEATH [Enter only one cause per line for (e) (b), end (c)	INTERVAL BETWEEN
icia by erm			PART I. DEATH WAS CAUSED BY.	ONSET AND DEATH
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fos fos sert us us		뙬	200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neighbor of injury in Part I or Pert II of Item 18.)	
PH he for for		CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
eat the			20c, TIME OF INJURY Month, Day, Year , 20d, INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 120f, (City or town)	County) (Stete)
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H = 0 3 8				19 Early that (I) (we) last
음			saw the deceased alive on Alighe 12 2 2 and that death occurred aligh. M, from the causes and o	n the date stated above.
Sta			220. SIGNATURE. ATTENDING MED. STAFF	22b. DATE SIGNED
24 % ±			MD PHYS. DIRECTOR PHYS.	3/1/32
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Ö # F F F		236	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C ty, town or so	ounty) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution: Residence before admission) Montgomery, b. COUNTY Mass. MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. CITY OR TOWN (If outs de corporata i mits, writa RURAL and give neerest town) c LENGTH OF STAY IN 15 Kensingston, Malden d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Caroli Hall Sant. YES NO Y 3. NAME OF Middle DECEASED (Type or print) 1962 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthdey) | Months | Deys Female WIDOWED K attending physician Then please remove 10e. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR NOUSTRY ACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? dong during most of working life, even if retired housewile Nova Scotia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sylvias Mosher Eunice Dinsmore ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT emoval, (Yas, no, or unkown) ((Lives give we rordates of service) -26-5480 E.N. Read-6905 Maple Ave. Chev. Ch. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if only, which (b) gave rise to immediate cause DUE TO (a), stating the underlying PART I. OTHER SIGNIF CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(*) 19. WAS AUTOPSY PERFORMED? NO 🗔 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of njury in Pert I or Part II of I'em 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20d INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) 20c. TIME OF INJURY Month, Dev. Yeer factory, street, office bldg., etc.) No! While While Hour a.m. at work et work 21. I certify that (1) (this hospital) attended the deceased from NOV. 9 ..., 19.60 to MARCH. 19, 1962, that (1) (we) last saw the deceased alive on MARCH 1970 6 and that death occured at #450, from the causes and on the date stated above. 22n. SIGNATURE SIGNED ATTENDING FUNERAL 22d, ADDRESS 22c. PHYS, CIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF PYALT(Specify) 3/21/62 Puritan Lawn Mem. Pk. West Peobody 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL BIRECTOR'S SIGNATUR VR A15 (4) DATE NAR 2 2 '62 15M 9/60 Cilling & Haya



1 1		MARYLAND STATE DEPARTMENT OF HEALTH				
1	_		DIVISION OF STATISTICAL RESEARCH AND REC	ORDS, 301 W. PRESTOR	N STREET, BALTIMORE 1, MARYLA	ND
A	A		CERTIFIC	CATE OF DEATH	033	362 🔔
after June (1)	$\langle 1 \rangle$	1.	LACE OF DEATH	2. USUAL RESIDE	NCE (Whare decessed I'vad, If Institution: Residence b. COUNTY	before admission)
urs 12 sl 14 Fr	-/		MONTGOMERY MAR	YLAND MAR	PLAND PRINCE OF	
4 ho	a		CITY OR TOWN (if outside corporate limits, c. LENGTH OF ST write RURAL and give nearest town)		(If outside corporate fimits, write RURAL and give no	earast town)
2 Zin t			AKOMA PARK, NO DO.	// //	PTTS VILLE,	No market and the same of the
Pages rrs aft			NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	100-1	" - 111-11 D	o. IS RESIDENCE ON A FARM?
15. E			NAME OF FIRST MIDDLE	HOSP 5706	4. DATE Month A Dey	YES NO
cute 72			TOHO	CACHELL	DEATH March 27	1962
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S and	1		male Line Vo WIDOWED DIVORCE	C The Lord	last birthday) Months Days	Hours Min,
Serie Series			USUAL OCCUPATION (Give kind of work JDb. KIND OF BUSINESS C		7	WHAT COUNTRY?
ysic		00	CLOUNTANT U.S. GOV'T	r. WASHI	VETON. D.C. U.	S.A.
h ce		13.	FATHER'S NAME	14. MOTHER'S MAIDE	N NAME	
deat ding plea			HARRY M. CASHELL	FANNU	E L. LAVELL	<u> </u>
he uffer			WAS DECEASED EVER'IN U.S. ARMED FORCES? 16. SOC AL SECURITY 16	NO. 17. INFORMANT	Address 6	40
he a		Ι,	57722-306	2 mus, once 1)	7. Baskell semes	ふかん
es fl cian by t by t rmit			18. CAUSE OF DEATH [Enter only one ceuse per line for (a), tb., and PART I. C. TH WAS CAUSED BY:	A Decare De		RVAL BETWEEN SET AND DEATH
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Learl Central Lines		RT.FIC.	200. ACCIDENT WAS UNDERLYING 2061 DESCR BE HOW INJURY	Y OCCURED, LEnter nature of injury i	n Part I or Part II of Item 18.]	
쭚 츻츷춯		L CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
MG Her He.		MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED Hour a.m. While Not While	20e. PLACE OF INJURY (Home, fa factory, street, office bldg., e		(State)
NDI Prinection of the control of the		WE	p.m. 19 of work at work	- 7		
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ould				and that death occured at	M, from the causes and on the dat	te stated above.
4			22 GIGNATURE OF VIO. OF	ATTENDING PHYS.	MED. STAFF	SIGNED
2 1 8 E	,		22c. PHYS CIAN'S	M.D. PHYS.	7 00 1 00	men 2 / 176.
ERA!	ſ		RICHARD L WHELTON	1021 Un	westy Blod E Solver.	pring Mc
HOSPA ith. Payer FUNERA sefor, pag- filed with		234		CEMETERY OR CREMATORY	23d. LOCATION (City, town/or county)	1- 1
V GO GO			Barias 3-31-62 m/ a	hort temetery	Washing lin,	Nito!
VR A15 (4)		24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	11 1 00 250 1	EC'D BY REGISTRAR 256. REGISTRAR'S SIGNATI	
15M 9/60	1	/	paners Halling 3821-14th, St. M. W.	. Woof. N.C DATE	APR 2 '62 Castian 2. The	

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MARYLAND STATE DEPARTMENT OF HEALTH



/ 1 >	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE *	03371 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03364
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Spridence before admission)
ssary, Page Iles, eaith,	. COUNTY MONTGOMERY MARYLAND . STATE MARYLAND COUNTY MUNITARMEN
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give sparest town) The RURAL and give rearest town)
director.	TAKOMA PARK D.O.A. 4 Silver SORING
0 0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) d STREET ADDRESS
Pe -	WASH SANT HOSP 1 2/04 NEXTER ST 1850 NODE
any e fun etain e Stat death	3. NAME OF DECEASED A. DATE Month Dey Yest
For the Her	(Type or print) HENRI LOUIS Chamber and DEATH 3-6. 1963 5. SEX 6. COLOR OR RACE 7, MARRIED DEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS.
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tter c 2, an 5 m 5 m 1d 2 hour	10a USLAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
as 1. s. g.	Gone during most of working life, even if retired) NAILY Dept MASS,
24 hour Page 7M3. Pages within	13. FATHER'S NAME
11 5 0	ALEX CHAMBERLAND & JOSEPHINE OUELLETTE
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address SA-MO Q S
ited will tem 18. with fo permit.	Yes 2Nd WW 579-40-9687 UNN Chamberland Deceased
마 하는 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다	18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
e ex ncil in alor trans	IMMEDIATE CAUSE (0) Coronary Otthern Suddling
ild b ild b ffice frial- val,	Conditions, if any, which (b)
should g" in p s Offic a buria emova	gave rise to immediate ceuse
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ris ce cal E d be emat	PART I., OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? YES NO
The w Medic should isl, cre	20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part I, of item 18.) PRIMARY — or CONTRIBUTING — CAUSE OF DEATH.
ting Chief Chief Chief Chief	ZOC TIME-OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, * 20f, (City or town) (County) (Stete)
KAD William Pag r to	Hour a.m. While Not While factory, street, office b dg , etc.) p.m. 19 et work at work
Driver Prince	21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry and in my opinion
RCT FCT	death resulted from. Natura causes 📈, Accident 🗌. Suicide 🔲, Homicide 🔲, Undetermined manner 🗌
	CHIEF MEDICAL EXAMINER []
ute ute for a for nate	SIGNATURE ASSISTANT MED CALEARANTER WE SIGNATURE MED CALEARANTER WE ASSISTANT MED CALEARANTER WE SIGNATURE WE
DEPUT NESS SHELL IN S	EXAMINER'S FRANK J. Bruschart Address (Street city, town or county) 3-7-62
DEP lease shau FUN FUN	22a, BUR.AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCAT ON (City, lowpoor country)
5 g 4 5 p	Durial 3-10-62 Seti of Heavely Couldery Montgomery wenty Many Land
VS. AISME TO S.	23. FUNERAL DIRECTOR ADDRESS
5M 9 60	Francis Hallin 3821-14th St. New. Wash, N.C. DATE AR 962 arthur S. King

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03372 in by the funeral TO HOSP death. Presented by the hospital or attending physician. TO FUNE... DIACCIOR: After this certificate has been signed by the attending physician and completely ined in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

CERTIFICATE OF DEATH 03365

I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased I ved, if institution, Residence before edmission)
Montgomery MARYLANI	b. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (1 outs de corporete limits, wute RURAL and give nearest town) Silver Spring 30 years	c. CITY OR TOWN (If outs de corporete l.m.ls, write RURAL and give nearest town) 2 7 Silver Spring
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address	d. STREET ADDRESS
9306 Flower Avenue	9306 Flower Avenue
3. NAME OF First Middle DECEASED (Type or punt) Edith C	Childs DATE Month Day Year OF March 9 10 62
	19
Female White , widowed D D VORCED D	Oct. 24, 1897 9. AGE (In yeers if UNDER 1 YEAR IF UNDER 24 HRS.
10e. JSUAL OCCUPATION Give kind of work 10b. KIND OF BUSINESS OR INDU done during most of working life, even if retired)	STRY 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife own home	Louisiana U.S.A.
Edward Cole	ELIZAbeth Frances EASTMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	
(Yes, no, or unkown) (If yes give wer or dates of service) None L	eroy M. Childs 9306 Flower Ave, Silver SpringMd
18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	onale
DUE TO	- 1./
Conditions, If any, which (b) PUMOrary	Emphysema 8 years
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	m. J.9. 51, to MATCH 9, 1962, that (i) (me) last
	hat death occured at
228. SIGNATURE	22b. DATE
John W. Jewis	MD ATTENDING MED. STAFF PHYS. 3-9-62 SIGNED
22c. PHYSICIANS	22d, ADDRESS
NAME (1760) John W. Trenis	1150 Connecticutt Ave, N.W., Washington, D.C
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
Eurial 3-12-62 St. John's	
24 FUNERAL DIRECTOR'S SIGNATURE (aymond a 3ABDRISS 434G	
Warner E. Pumphrey, Inc. Silver Spring,	Maryland DAIEMAR 13'62 Cather & throng

VR A15 (4) 15M 9/60

24 hours after

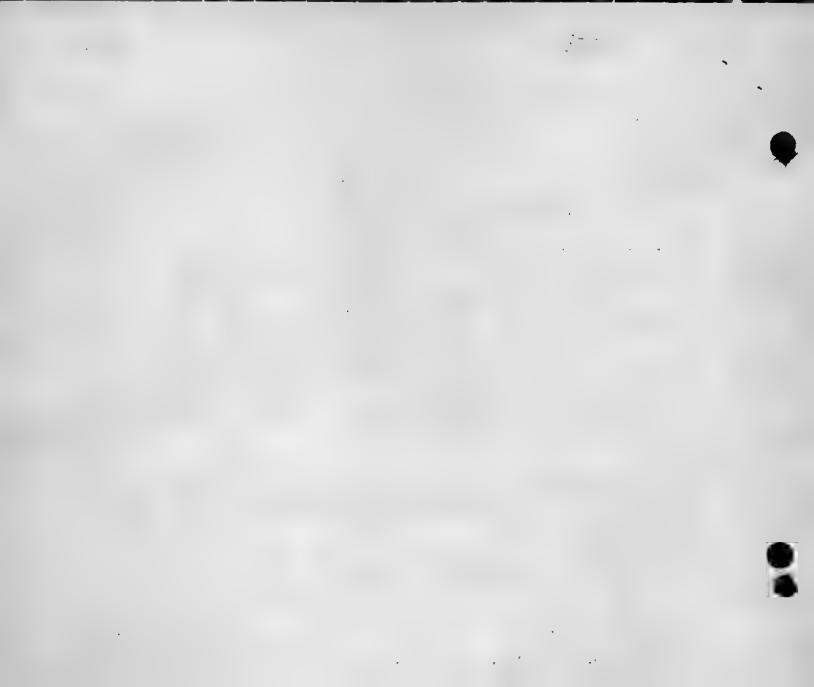


03373 CERTIFICATE OF DEATH Reg. Dist. No.U3366 with directar, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o, STATE o COUNTY be filed b. COUNTY MARYLAND b. CITY OR TOWN (If autside colorate **CENGTH OF STAY IN 16** CITY OR TOWN (If butside corporate timits, write RURAL and give next town) RURAL and give nearest town by the fune d 2 should I 50 cars in hospital, gifatreet address) ON A FARM YES 🗍 NO 🕽 puo .⊆ NAME OF Middle 4. DATE filled OF DEATH Poges (Type or print) 9. AGE (In years last birthdoy) SEX IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED | NEVER MARRIED | Months Days Hours DIVORCED [papers. 10o. LSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? and 40030 carban offer 13. FATHER'S NAME physician mave INFORMANI aftending Charle INTERVAL BETWEEN CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underpue lying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES I NO 200. ACCIDENT WAS UNDERLYING ET OR CONTRIBUTING ET CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW-INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18) Month. Day. 20e. PLACE OF INJURY (Home, farm, 20f (City or town) Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office blog,, etc. White' Not-white at work | of wark p. m. 21. I certify that I attended the deceased from that I last saw the deceased ond that death occurred at CS A_M, from the couses and on the date stated above. ADDRESS (Street, outped ACTUAL PHYSICIAN'S NAME (Type) 220 SURIAL, CREMATION, 22b. DATE THEREO! 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote REMOVAL (Specify) 4/3/62 Oak Will Tashington. 24b. REGISTRAR'S SIGNATURE Lontz. V5 A15 (4) DATEDR Chil un & through "aryland 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



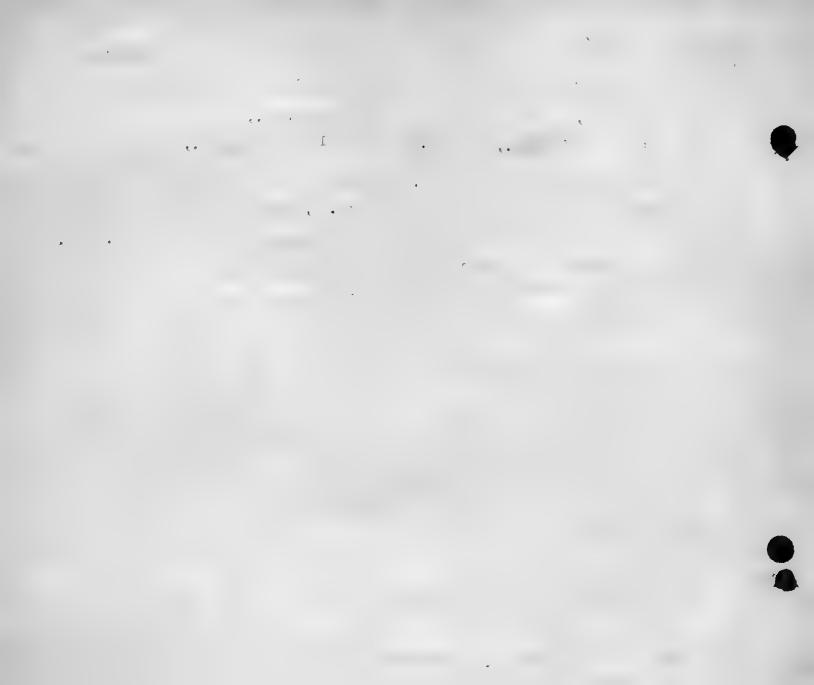
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· ~			4517 Willard Avenue		Venue ON A FARM?
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and co carbon		-	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DAY	LO/78 84 yr	(y) Months Days Hours Min.
cate ian a ive c				BIRTHPLACE (County & State, or foreign coun	
physic permo			U. S. Gov't, Ret	Washington, DO	usa _
death rding pleas		_	William Martin	Olivia Walker	
the affen hen hen hen		15. (Ya	WAS DECEASED EVER N.U.S. ARMED FORCES? 16, SOC A. SECURITY NO. 17, INFOR 10, no, or unknown) (Ifyesgivewerordatesofservice)		
that n. the iit. T		-	NO None Fant 18. CAUSE OF DEATH [Enter only one cause per line for (e,. (b), and (c).	nie C. Scott-daugh	I INTERVAL BETWEEN
squires shysicia ned by iit perm on, or r			PART I. DEATH WAS CAUSED BY: CEREBRAL DJE TO	THROMBONIN	ONSET AND DEATH
nding peen sig			Conditions, if any, which agree rise to immediate cause	ARTERIOSCLEROSK	10 YRJ_
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DING Ned by After t etached of Heal		WEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Pour e.m. And the pour e.m. 19 20d. INJURY OCCURRED While Not While et work at work at work	INJURY (Home, ferm, 20f. (City or town) eet, office bldg., etc.)	(County) (State)
TEN retair OR be o			21. I certify that (I) (this hospital) attended the deceased from		
P. Selection of the control of the c				h occured at 4.2M, from the caus	es and on the date stated above.
D SH				ATTENDING MED. STAFF PHYS, DIRECTOR PHYS.	SIGNED 3
ERAL page with t	1			2d. ADDRESS F218 WISCOWSIN	AVE BETHIYM
HOS sth. F FUN filed	•	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CR	EMATORY 23d, LOCATION (City	, lown or county) (State)
O deat		_	Burial 3/13/62 Glenwood Ceme	tery Washingt	
VR A15 (4)		24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pohont A Primphnor Pothoods Monry	250. REC'D BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
13W JOO		1_	Robert A. Pumphrey, Bethesda, Mary	LATTO DATE MAR 1 5 '62	0-11-18-1-1



W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edm ssion) a. COUNTY COUNTY MONTGOMERY DISTRICT Colum BiA HANYSHAM! b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) WHEATON WAS h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? HURSING YES NO 3. NAME OF DATE Middle DECEASED OF (Type or print) DEATH 19 AGE HE YEAR LIF UNDER 24 HRS B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthgay) Months DIVORCED F 1 12. CITIZEN OF WHAT COUNTRY? most of working life, even if refired) WASHINGTON SGLESLA D attending pl 16. SOCIAL SECURITY NO 1 17 Address (Yes, no, or unknwn) i (Ifves give werer detes of service) 00/E4, 11333 SchyKill 18 CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c). DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20a, ACCIDENT WAS UNDERLYING TO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) fectory, street, office bidg., etc.) Not While While at work et work 3/20, 1962, that (1) (we) last saw the deceased alive on 3/19 1962, and that death occured ar A.M. from the causes and on the date stated above. 220 SIGNATURE 226 DATE ATTENDING 5 GNED PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S 123c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b. OF 256. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGN 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) ISM 7,61



1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
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1		DEPARTMENT OF HEALTH	
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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLA OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) b. CITY OR TOWN (if outside corporate lights. c. LENGTH OF STAY IN 1b write RURAL and give neerest town? Bethesda d. SIREET ADDRESSING ton d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospitel, a ve street eddress) e. IS RESIDENCE ON A FARM? 3. NAME OF Suburban YES NO X 4300 Glenrose completely 4. DATE Middle DECEASED OF Marie DEATH (Type or print) Helen Alarie Crossette and col 9. AGE (In yours HE UNDER) YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH lest birthday) Months Female White WIDOWED -DIVORCED May 22. 10e. USUAL OCCUPATION (Give kind of work 1 10b, K ND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Housewife U.S.A. . Iowa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Pearce | Clara White Address (Yes, no, or unkown) ((fyes give wer or detes of service) Unknown George Crossette-Son-same 2d 18. CAUSE OF DEATH [Enter only one cause per line for len, (b , and, (c)] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) **DUE TO** Conditions if any, which geve rise to immediate cause DUE TO (a), stating the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6)) 19. WAS AUTOPSY PERFORMED? NO 200, ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert, or Pert II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, , 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While at work | et work la retaine SIRECTOR: should be de 21. I certify that (I) (this hospital) attended the deceased from ... 3... 9... 196.2, and that death occurred at 130.M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. MD. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S LOCATION (City, lown or county) 23e. BURIAL, CREMATION. | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Siete) REMOVAL (Specify) 충충 Ö Arlington Nat. Cem Arlington, Virginia 250, REC'D BY REGISTRAR 1256, REGISTRAR'S SIGNATURE VR A15 (4) DATE MAR 1 6 '62 Pumphrey, Bethesda, Maryland 15M 9/60

DEPARTMENT OF HEALTH





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) 1. PLACE OF DEATH s ne. e. COUNTY b. COUNTY Maryland Montg. MARYLAND Montgomery b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town! Germantown (rural) Germantown (rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) Į. d. STREET ADDRESS thours after death. If any capes 1, 2, and 3 to the funeral d M3. Page 5 may be retained for ages 1 and 2 with the State Boawithin 72 boays after death. State Boar IS RESIDENCE ON A FARM? Violet Lock Rd. Violet Lock Rd. YES NO 1 3. NAME OF Middle 4. DATE DECEASED OF [Type or print] Czichos DEATH Paul 19 Mar. 9 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR. IF UNDER 24 HRS. lest birthday) Months Days male white 6/15/937 WIDOWED [DIVORCED -10st USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY, 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dans during most of working life, even if retired) ALVIII 24 ht. Gov. service (retired) USA Texas 'in pencil in Item 18. Give Pag Office along with form PM3. burial-transit permit, File page 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Par la Cadiches 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) To. CAUSE OF DEATH [Enler only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Coronary occlusion IMMEDIATE CAUSE (e) sudden DUF TO This certificate should Conditions, if any, which "pending" geve rise to immediate cause V 6 DUE TO ease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner' FUNERAL DIRECTOR: Page 3 should be used as its designated agent, prior to burial, cremation, or it. (e), sletting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1[6] 1 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO T YES 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Port I or Part I, of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, farm, 20f. (City or town] 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection x. Inquiry Trd. and in my opinion Suicide | death resulted from: Natural causes [...] Accident . Homicide . Undetermined manner CHIEF MEDICAL EXAMINER Trank J. Broschart M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY ACTUAL DATE SIGNED SIGNATURE EXAMINER'S NAME (Type) Frank J. Broschart. alitic pelli, Address (Street, city, town, or county) DEP 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) REMQVAL (Specify) 240 g TUTE TELEVISION REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR YS. A15ME Ernest C. Gartner. Gaithersburg. Id. AMAR 15'62 Chillian S. Thous 5M 9/60

YLAND STATE DEPARTMENT OF HEALTH



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I I	. ,	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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ag L		(Type or print) Robert Darby Death March 1, 1962
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NG Fer t		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Steta) Hour s.m. While Not While factory, street, office bldg., etc.)
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Se 4	1	22c PHYSICIAN'S NAME (Type) Dr. Oliver Thompson
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O FUNERAL director, page be filed with t		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CITY DWG or COUNTY) (State)
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HOST ath, Page 4 FUNERAL ector, page	<u> </u>	23a	BURIAL, CREMAT	TON. 236. DATE THEREC	OF 23	C. NAME OF CEMETE			ON (City, town or		(Stel	fe]
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15M 9/60			Lee Fur	eral Home	- was	HIII COIL I	DATE	MAR 2 2 '62				



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03383 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY e. STATE Montgomery D. C. MARYLAND b. CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) 189 days, Washington Bethesda (Rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 950 25th Street NW YES NO U. S. Naval Hospital 3. NAME OF Middle DATE DECEASED OF (Type or print) DEATH March 19, 19 Davis Jeanette Mary 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. iast birthday) DIVORCED T WIDOWED -December 3,1903 Female Caucasian 10a. JSUAL OCCUPATION (Giva kind of work 12 CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Siete, or foreign country) done during most of working life, even if retired) USA Washington, D. C. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nettie C. Owens Rdward Sullivan 15. WAS DECEASED EVER IN U.S ARMED FORCES? | 16. SOCIAL SECURITY NO. 17, INFORMANT Ad dress (Yes, no, or unkown) | (livesgive wer or dates of service) Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which gava rise lo immediala causa **DUE TO** (a), stelling the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200, ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in'ury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20e, PLACE OF INJURY [Home, ferm, (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20f. (City or town) (County) lectory, street, office bldg., atc.) Hour a.m. Not While at work et work 21. I certify that () (this hospital) attended the deceased from Sept. 11 ..., 1961, to March 19., 19 ... 62hat () (we) last saw the deceased alive on.....March .19 19 .62., and that death occured at 1:0000 on the causes and on the date stated above. 22b. DATE ATTENDING March 19. DIRECTOR PHYS. 22d. ADDRESS U. S. Naval Hospital, Bethesda, Md. WILLIAM C. MONELL LT MC USIN 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMÉTERY OR CREMATORY 23d, LOCATION (City, town or county) (S.ala) REMOVAL_(Specify) 22 March 1962 Arlington National Arlington, Virginia Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25s, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE **ADDRESS** Wisc. Ave., Wash., D. CDATEMAR 2 2 '62

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RYLAND STATE DEPARTMENT OF HEALTH



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	DIVISION OF STATISTICAL RESEARCH AND RECORD	· ·	ALTIMORE 1, MARYLAND
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director, page 3 be filed with the	22c PHYSICIAN'S NAME (Type) George H. Porter M. 23e. BURLAN, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERS REMOVAL ISPOS by	D. Institutes of Heal or Crematory 23d. pocation	al Center, National th, betnesda, Li, Md. = N (City, Toy) or county)
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



I AND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY District of Columnia Montgomery MERVIAND b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (Rural) kown) 24 days Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? U. S. NAVAL HOSPITAL 3500 Neward St., N.W. YES NO 3 NAME OF Middle tast DECEASED Ben jamin Henry Dorsey 17 62 (Type or print) DEATH 19 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 1 277 . 19. AGE (In years | IF UNDER 1 YEAR. IF UNDER 24 HRS. ley birthday) Months Days Hours Caucasion Ma.le Beptember WIDOWED F DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) Retired Naval Officer Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joshua W. Dorsey Elenor E. Watkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Yes no, or unkown) (Hyesgive werer dates of service) 18. CAUSE OF DEATH [Enter only one cause perline for ,a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OT BUG Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying PART I OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) 19. WAS AUTOPSY NO O PERFORMED? CAT NO 20e ACC DENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20c. TIME OF INJURY Month, Dev. Year 1 28d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, ferm. 20f. (City or lown) fectory, street, office bldg., etc.) MEDH Hour e.m. While Not While et work at work 1902, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 17 March 19 saw the deceased alive on ... 22b. DATE 22e. SIGNATURE ATTENDING MED March 1962 PHYS. PHYS. DIRECTOR 22c. PHYSICIAN S 22d. ADDRESS WARRENDER U.S. NAVAL HOSPITAL. Bethesda, Md. 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) BURIAL, CREMATION, 23b REMOVAL (Specify) Arlington National Arlington, Birginia Burial N. Appressashington D.C. 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 1756 Pennsylvania Ave BATE MAR 2 0 '62

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH V3384 CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution, Residence before edmission a. COUNTY 5. COUNTY 6. STATE 6. COUNTY
Montgomery Maryland Montgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Kensington // Kensington
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM
3. NAME OF GIRLS Road 9916 Old Spring Road YES NO 5
DECEASED (Iver or eriel) OF March 5. 10.62
5. SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HR.
Female White WIDOWED NOV. 30,1885 76 yrs. 30ths Or Hours Min.
10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTED
dona during most of working life, even if retired) Housewife Illinois USA
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Peter P. Spiells (Unknown) Lyman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
(Yes, no, or unkown) [lifyesgivawarordetesofservice]
No None Mrs. Henry Campbell-daughter-same 2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] None None
PART. DEATH WAS CAUSED BY, Mercerden Refacition 5/11/11
Conditions, if any, which (b) Olleugselester Heart Series Unknown
geve rise to immediate cause (a), staling the underlying DUE TO
ceuse lest. (c)
PART II. OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS ALTOPS PERFORMED?
YES NO 2 20a, ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of 'njury in Part I or Part II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS PERFORMED? 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of 'njury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stata) Hour a.m.
Hour s.m. While Not While factory, street, office bidg., etc.]
21. I certify that (I) (this hospital) attended the deceased from 5/12 to 3/5 to 3/5 that (I) (we) I
saw the deceased alive on 1/1.1.2.1.1.19.6.2 and that death occurred at 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
22e. SUDNATURE 22b. DATE ATTENDING MED. STAFF SIGN
M.D. PHYS. DIRECTOR PHYS. 3/5/62
NAME (Tree George Sharpe 10511 Summit Ave., Kensington, M
23a, BUR.AL, CREMATION, 23b. DATE THEREOF , 23c. NAME OF CEMETERY OR CREMATORY , 23d. LOCATION (City, town or county) (State)
Burial-Transit 3/8/62 Morris Hill Cemetery Boise, Idaho
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REGISTRAR'S SIGNATURE
Robert A. Pumphrey, Bethesda, Maryland DATE WAR 9'62 Orillar & House

TO HOS AL retained by the hospital or attending physician.

death. Tage 4 retained by the hospital or attending physician.

TO FUNERAL TO FUNERAL TO FUNERAL To Fund by the attending physician and completely funed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any divent, within 72 hours after death.

15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 03338 **CERTIFICATE OF DEATH** Reg. Dist. No." 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND Montgomery larvland iontgomery b CITY OR TOWN (If autside carporate limits, write e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Silver Spring Silver Smring d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO 130h Dale Drive 4. DATE NAME OF First Middle Last Month Year DECEASED DEATH harch 1962 (Type or print) REGINA IU GAN 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 74 HRS. 5. SEX 6. COLOR OR RACE 7 8. DATE OF BIRTH MARRIED THE NEVER MARRIED Months Days Haurs Female DIVORCED T av 21.1906 WIDOWED IT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. IId. 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME Frank Graebenstein AnnaN. Erady 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Silver 130h Dale Drive. r.John J. Dugan INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for {a}, (b), and (c).} ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which] gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 87 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part / or Part II of item 16) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year (County) (Stole) factory, street, affice bldg, etc.) a. m. While Not while ol work [7] of work 1962 that I last saw the deceased 21. I certify that I attended the deceased fram , and that death accurred at 1144 A.M. from the causes and on the date stated above. S ADDRESS (Street, city or town, sligte) ACTUAL 2 2 should PHYSICIAN'S NAME (Type) m 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) Mt. Llivet Cemeterv Was ington. பெருந்தி 23. FUNERAL DIRECTOR'S GIGNATURE REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 MAR 1 5 '62



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased I'vad, finstitution: Residence balora admission) Montgomery b. coumontgomery MARYLAND c CITY OR TOWN (If outside corporata l'mits, write RURAL and giva nearast fown) b. CITY OR TOWN (if outside corporate tim'ts, & LENGTH OF STAY IN 16 Bethesda Bethesda d. NAME OF HOSPITAL OR INSTITUTION find in hospital, give straet addrass, 5721 Grasvenor Lane d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 6203-Bannockburn Drive YES NO T San & Hosp. 4. DATE Midd a DECEASED March Moyle Duncen John (Typa or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 8 DATE OF BIRTH last-birthday) Months ! 5-1889 Male White WIDOWED [10a. JSUAL OCCUPATION (Giva kind of work 1 12. CITIZEN OF WHAT COUNTRY? 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) Gov, t Toronto Canada Engineer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Alice Lukes John Duncan Address Bethesda, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yas, no, gr unkown) [(Ifyas give war ordates of service) 1705-Bradley Blvd. E. Duncan Alice 18. CAUSE OF DEATH [Entar only one causa per lina for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY mo. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying a generalized arteriosclerosis PERFORMED? HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Itam 18) OR CONTRIBUTING CAUSE OF DEATH 20d. NJURY OCCURRED 20a PLACE OF INJURY (Homa, farm, 20f (C.ty or town) (County) (Stata) 20c. TIME OF INJURY factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work 19.61, to 1962, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from... KECIC 19.6 2 and that death occured at 2.5 AM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DIRECTOR PHYS. director, page be filed with the 22c. PHYSICIAN'S NAME (Typa) 23a, BURIAL, CREMATION, | 23b. 23d, LOCATION (City, town or county) Crematio Lincoln Crematory Prince Georges County, Md. 258, REC'D BY REG STRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) DATE WAR 1 2 15M 9/60 Chrima & Though



COST PLAN

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before admission) is necessary, director. Page or your files. a. COUNTY b. COUNTY MARYLAND b. City OR TOWNS (if outside corporate I mits c. LENGTH OF STAY IN 16 CITY OR TOWN (If outs de corporete limits Arite RURAL and give necrest town) write KAL and give perest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET, ADDRESS E. IS RESIDENCE ON A FARM? YES NO W 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RASE 7. MARRIED THEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS Last birthday) Months Deys Hours WIDOWED DIVORCED 106 KIND OF BUSINESS ORANDUSTRY 12. CIT.ZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN N 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown), (Ilyesgive werordetesafservice) 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** gave rise to immediate cause **DUE TO** (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 all 19. WAS AUTOPSY PERFORMED? DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port I or Port II of Horn 18) NO 4 200. EXTERNAL CAUSE WAS 20b. PRIMARY OF CONTRIBUTING 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, frm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) fectory, street, office bldg. atc.) While Not While 1962 et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) ₩40 P National Park Church . Virginia 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Clithur S. Minus 5M 9/60



p J -1	tems 188 1 Film 309 MARYCAND'STATE DEPARTMENT OF HEALTH
/	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	WESSE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03384
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before adm ssion
Page, lles.	nonte
necessary cror. Pag our files.	b, CITY OR TOWN (If outside corporate limits, write RURAL and give needest fown) write RURAL and give needest fown)
s neces director.	Silver Spring 12 yrs Julian Jephing
in the second se	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street didress) d STREET ADDRESS on A FARM?
Page 1	612 marvele Rd 1612 mcNell Rd 185 NO IN
any etaine Stath	3. NAME OF First Middle Last 4. DATE Month Day Your DECEASED P
other the	(Type or print) Unicent Li Calon DEATH Mar 16 1962
te date	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
THE COLOR	male White WIDOWED DIVORCED 8-31-13 46 VIS.
s affined age 5	10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY 13 BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY 13 BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY 13 BIRTHPLACE (Stelle or foreign country) 14 BIRTHPLACE (Stelle or foreign country) 15 BIRTHPLACE (Stelle or foreign country) 16 BIRTHPLACE (Stelle or foreign country) 17 BIRTHPLACE (Stelle or foreign country) 17 BIRTHPLACE (Stelle or foreign country) 18 BIRTHPLACE (Stelle or foreign country) 19 BIRTHPLACE (Stelle or fore
ours Par In 7	Unblication office I mile & Congress Venezuela. M.S.C.
M3 Pag	13. FATHER'S NAME
Give Give	Evan W. Eaton Thez Lanius 15. WAS DECEASED EVER IN U.S. ARMED FORCES?, 16. SOCIAL SECURITY NO. 17. INFORMANT Address.
With 18.	(Yes, no, or unknown) : (If yes gryawar or detector service)
with with any	Yes WW II None Divotly Ealin (wif) Cohn. Got 10 (b), end (c), 18, CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c),
in li in li in li in li	PART I, DEATH WAS CAUSED BY:
alor alor and	75.10
ould to period to be outly to be our in the outly of the outly of the outly of the outly of the outly	Conditions, it eny, which to
S S S S S S S S S S S S S S S S S S S	gave rise to immediate cause
ndin ner ner as	(e), stating the underlying (c)
tiffic cami cami cami	17
Table of the state	PERFORMED? YES 27 NO F
edica edica ould	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) PRINCE TO THE TERMINAL DISEASE CONDITION GIVEN
Show shows the showing the sho	E PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.
MINI Triting Chief	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) Hour s.m., While Not While of work ectory, street, office bldg., etc.)
A Section	Hour e.m. While Not While of fectory, street, office bldg., etc.)
Prior #	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
E E B D E	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner X
Naro BE	CHIEF MEDICAL EXAMINER
Me the certification of the ce	SIGNATURE TICLED OF STORE AND ASSISTANT MEDICAL EXAMINER DATE SIGNED
PUTY IN execute Id be fo	EXAMINER'S TO CLOSE TO CLOSE TO COLOR TO SEPUTY MEDICAL EXAMINER 3 - 17-62
DEPUTY IN should be for should be for the RAL r its designair	NAME (Type) - ATMY J. /5 PUS Ch 21. Address (Street, city, town, or country) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stelet)
DEP should FUN r its de	REMOVAL (Specify)
5 g 4 5 g	Cremation 3-17-62 Fort Lincoln Crematory Prince George's Co. Maryland 23. FUNERAL DIRECTOR P. ADDRESS 434 Georgia Ave 24e. REC'D BY REGISTRAR; SIGNATURE
VS. A15ME	naymond (1, siske 04340e01gla Ave
2W 8/80 / 1/1.	Warner E. Pumphrey, Inc. Silver Spring, Maryland MAR 20'62 / United & Thans



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH I. PLACE OF BEATH 2. USUAL RESIDENCE (Where decassed lived, if institution, Residence before admission) n. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. City of Town ill outs de corporate limits, write RUSA and Somery c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Bethesda Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Kentstone Drive YES NO X Kentstone Drive completely 3. NAME OF Middle DECEASED OF (Type or print) DEATH Edwards 19 62 March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BRTH 9 AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS. lest birthday) Months Pays WIDOWED X July 31, Female White physician 10b. KIND OF BUSINESS OR INDUSTRY, 11. 6 RTHPLACE County & State or love on country! 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) New Hampshire Housewife-US Govt 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Barbars MacKenzie Fred C. Horner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive war or datas of service) William Byrns-Cousin- New Hampshire 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c).] Ca. LUNG: PELVIS AND ONSET AND DEATH PART | DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19, WAS AUTOPS PERFORMED? NO X 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Part I or Part II of tem 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour a.m. at work | et work ne deceased from FEB., 1963 to MARCH 23, 1962, that (I) (w) last 1962, and that death occurred at 12.140, from the causes and on the date stated above. saw the deceased alive on MARCH SIGNATUM 22b. DATE **ATTENDING** SIGNED X PHYS DIRECTOR PHYS. M D death. Page 4 for FUNERAL director, page be filed with th 22d. ADDRESS PHYSICIAN S NAME (Type) Fitzgerald 23c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, | 236. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Wash. Nat. Cemetery Washington, D. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Curing S. Trace Robert A. Pumphrey, Bethesda, Maryland DATE WAR 27'62 15M 9/60



15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

١I	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)			
/	Maryland Maryland	*. STATE Maryland b. COUNTY Montgomery			
	b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate timits, write RURAL and give nearest town)			
	Bethesda 10 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)	## Bethesda d. STREET ADDRESS 6. IS RESIDENCE			
	Suburban Hospital	5329 Pooks Hill Road YES NO N			
	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year			
	(Type or print) Alan E.	Evelyn DEATH March 3, 1962			
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Days Hours Min.			
	Male White WIDOWED DIVORCED	8/14/86 75 yrs.			
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relized) Retired Telephone Co. 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (County & Siete, or foreign country) British West Indies U.S.A.					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
7	John Evelyn	Mary New			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, 1 (Yes, no, or unknown) (Ifyes give were deles of service)	NFORMANT Address			
	No. Yes-Unknown	Same as above. Rose Evelyn, Wife			
	18. CAUSE OF DEATH [Enter on y one cause per I he for (e), (b), and (c) PART I, DEATH WAS CAUSED BY:	Sto of RT. aun & EMBOL: INTERVAL BETWEEN ONSET AND DEATH			
	IMMEDIATE CAUSE (e)				
	DOE TO				
	Conditions, if eny, which (b) KHUIHTION FIR gave rise to immediate cause LYMPRDEMA OF	ROSIS OF ATILLA + 18 MONTH.			
	(e), stelling the underlying DUE TO cause lest. (c) ACRHOSPROM	F FIGA.			
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY			
	PATO	PERFORMED? YES NO K			
	PART II. OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW NJURY OCCURED OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, (Enter nature of injury in Pert I or Part II of Iem IB.)			
		CE OF INJURY (Home, ferm, ory, street, office bldg., etc.) (City or town) (County) (Stele)			
	21. I certify that (I) (this hospital) attended the deceased from	1947 to MORCH 3 , 1962 that (I) (we) last			
	saw the deceased alive on MARCH 2 1967, and that	death occured as #5/M, from the causes and on the date stated above.			
i	220 SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED			
-	1 1.0 32201	D PHYS. DIRECTOR PHYS. 3/3/62			
	22c. PHYSICIAN'S NAME (Type) WILLIAM FRRNK M.	1754AW, NONTHORNERY ROCHVILLE, MO			
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY				
	REMOVAL (Specify)	emetery Rockville Maryland			
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE			
1	Robert A. Pumphrey, Bethesda, Mar	yland DATE MAR 7'62 Crima S. Hims			

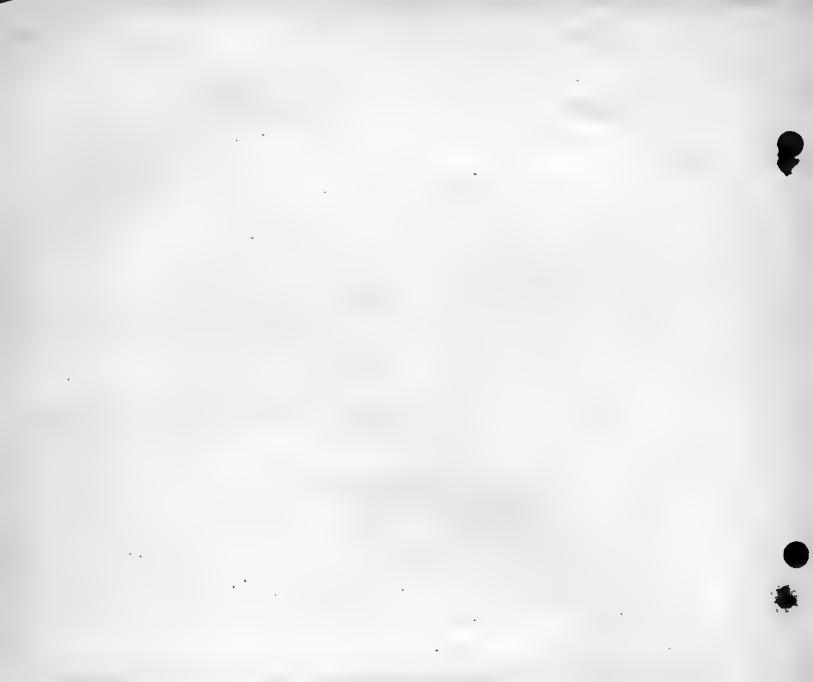


RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b. COUNTY Fontgomerv Marvland Prince Georges 구우 7 MARYLAND and b. C.TY OR TOWN (if outside corporete l'mits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporata limits, write RURAL and give neerest town) write RURAL and give nearest town) .⊆ Bethesda 19 days Suitland Pages filled d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d STREET ADDRESS e. IS RES DENCE ON A FARM? 1738 Homer Avenue YES NO TY The Clinical Center mpletely 3 NAME OF DATE M ddle Month DECEASED (Type or print) Ezzell DEATH March 211 19 62 Marv Agnes 6, COLOR OR RACE 7. MARRIED TNEVER MARR ED 5. SEX 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 76 birthdey) Months Hours December 12.1885 Female White WIDOWED [DIVORCED [10e. USJAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife None New Jersev U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please William Flinn Rose Lee 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record 15. WAS DECEASED EVER IN U.S. ARMED FORCES? TOVal, (Yes, no. or unkown) (If yes a ve wer or detes of service) The Clinical Center, Bethesda 14, Maryland No Not available 18. CAUSE OF DEATH lEnter only one cause per line for (e). (b. and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebrovascular accident IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? Mycosis fungoides NO 1 208. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of Item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, ' 20f., (City or town) Month, Day, Yeer (County) (Steta) fectory, street, office bldg., etc.) While Not While Hour a.m. at work et work to March 24, 19.62 that 10 (we) last 21. 1 certify that A (this hospital) ettended the deceased from. March. 5. March 24. 51962 ATTENDING PHYS. PHYS. M.D. FUNERAL page The Clinical Center, National 22E. PHYSIC AN S George H. Porter III. NAME (Type) Institutes of Health, Bethesda 14, Md. 23g. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, fown or county) £ # ខ្ព 25b. REGISTRAR'S SIGNATURE 25e. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 Chilling L. Flines



CERTIFICATE OF DEATH Reg. Dist. No. 03388 1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) **b** COUNTY MARYLAND MARYLAND MONTGOMER MONTGOMERY funeral b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL ged stive nearest town! should SILVER SPRING e 15 RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS ON A FARM? DENNIS AVE PRE NURSING HOME YES NO and 2. 3. NAME OF 4. DATE Middle Month Dov DECEASED DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX Months DIVORCED [WIDOWED 1 yrs. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country KOSMANIA ouq 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BERESON INFORMANT 16. SOCIAL SECURITY NO FELDESMAN aftending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH hrombosh PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Wee. DUE TO 1+ vteriusclevosi Cevobral Conditions, if any, which {b} gove rise to immediate DUE TO couse (o), stoling the underlying couse lost. PAIT !! OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO-FA 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20e PLACE OF INJURY (Home, form | 20f (City or town) Doy, Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg, etc.) Hour o m. While Not white at work of work p. m. 19 That I lost sow the deceased 21. I certify that I attended the deceased from and that death occurred at 430 _M, from the couses and on the date stated above ADDRESS (Street, city or lown, stole) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION 22b. DATE THEREOF 22d LOCATION (City, town, or county) (Stote) HON CEMPTER 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE V\$ A15 (4) DATE ARR 3 ISM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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T		-	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTI/	MORE 1, MARYLAND		
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the after Then	/ea/		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yas, no, or unkown) (Ifyas give war or deles of service) MAS, RODERT G.HIRES, 8	trass Six >Pg/May		
that an. the nit.	гело			I INIEKAAT BELAKEN		
ysicia ed by perr	ō		PART I. DEATH WAS CAUSED BY: Corcerosca of Refuse	C 400 CA		
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has bu	Lein Lein		causa last. (c)			
CIAN pital c ficate as th	o (PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO PO		
YSI(hosp certiing use	prior		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION 20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 1B.) OR CONTRIBUTING 20b. DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	110		
He the side of the	r r			(5)		
Mache	E T		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) Hour e.m. Whila Not Whila factory, street, office bldg., atc.)	(County) (Stata)		
S de de	9pt. 1		21. I certify that (I) (this hospital) attended the deceased from 3100c 16/ to/5 M	102 , 162, that (I) (we) last		
Par L	9 0		saw the deceased alive on 2 Mon 1962, and that death occurred at AM, from the caus			
O may	90		22a. SIGNATURE ATTENDING MED. STAFF PHYS. D RECTOR PHYS.	22b. DATE SIGNED		
RAIL SAGe	E E	,		Der		
HOSPI Ath. P. FUNER Sctor, pe	20 20 20 20 20 20 20 20 20 20 20 20 20 2	1	238. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY , 236. LOCATION (City	town or county) (Stata)		
Bed 10 20	De		BURGAL MAR 17, 1962 WILLOW DALE CEM- GOLDSBO	RO N.CAK.		
VR A15 (4	4)		24 SUMENT DIRECTOR'S SIGNASSE DY ADDRESS WIFEH 12 DI 258. REC'D BY REGISTRAR 256.			
15M 9/60	(JESTAME SVALLES 254 CARROLL STAND DATE WAR 1 6 '62	william S. France		



DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased fived, If institution, Residence before admission) a. COUNTY b. COUNTY Montgomery Mont. MARYLAND b. CITY OR TOWN ('f outside corporate limits, c. CITY OR TOWN (I outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY N 16 write RURAL and give nearest town) Bethesda hours Bethesda .⊑¹ d. NAME OF HOSP TAL OR INSTITUTION (if not in hospita, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Suburban Route 3 Hospital 3. NAME OF Yaar Middla Last 4. DATE Month - Day DECEASED OF (Typa or print) DEATH Sallv Fitzell 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Female WIDOWED [DIVORCED physician 10a. USUAL OCCUPAT ON (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY & Stale or fore on country! dona during most of working life, avan if retired) Housewife a attending pl Then please to 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yas, no, or unknown) (If yas giva war or dates of sarvice) 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: di IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to Immediata causa DUF TO (a), stating the underlying causa ast. PART I, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE 19. WAS AUTOPSY PERFORMED? NO K 20a. ACCIDENT WAS JNDERLYING 11 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part I of Item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF NJURY (Home, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year lectory, street, office bldg , atc.) Hour a.m. While Not While at work at work Mcnoh /7 1922 that (1) (we) last 21. | certify that (1) (this hospital) attended the deceased from saw the deceased alive on morch 22b. DATE 22a. SIGNATURI SIGNED ATTENDING PHYS. with th FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 23a. BUR.AL, CREMAT.ON, 23b. DATE THEREOF 23d, LOCATION (City, town or county) (Stata) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) A FOF Burial John Church Cem Kingsville, Maryland 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 Robert A. Pumphrev. Bethesda, Maryland

DEPARTMENT OF HEALTH



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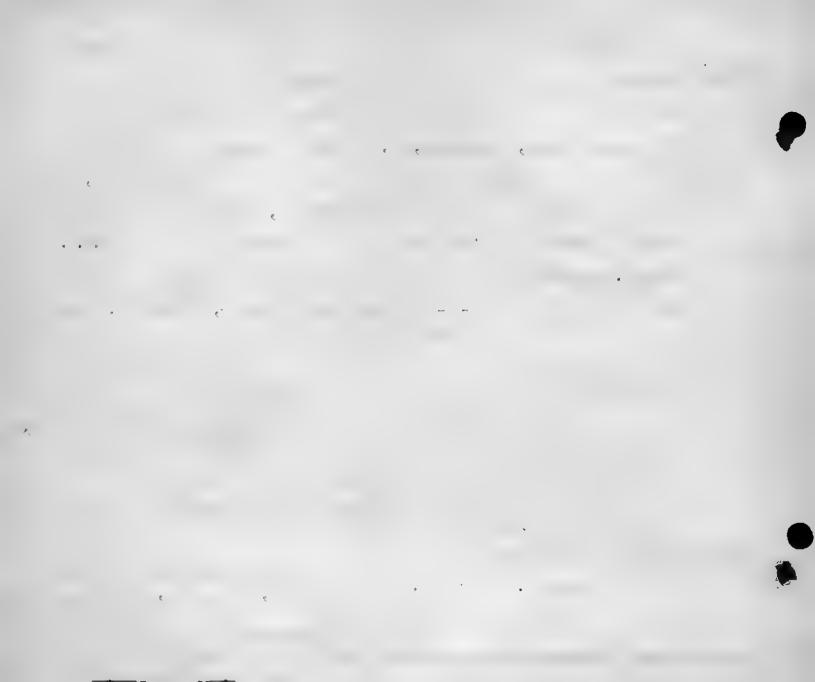
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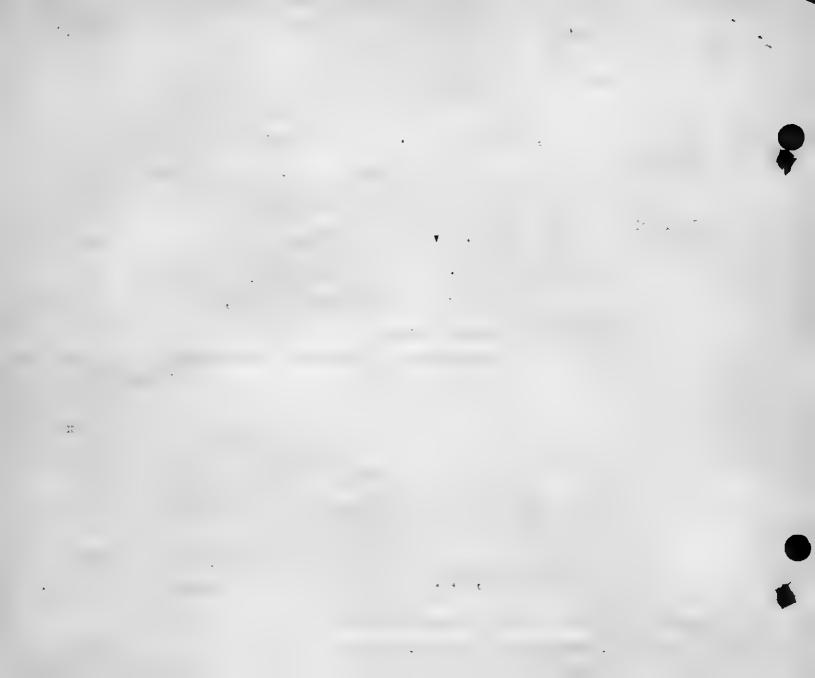
RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admiss on) PLACE OF DEATH a. COUNTY b. COUNTY 후 등 보 Montgomery MARVIAND Maryland Montgomery b. CITY OR TOWN (if outside corporate I mils, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporale limits, write RURAL and give neerest town) write RURAL end give neerest town! l dav Bethesda Rockville d. NAME OF HOSPITAL OR INSTITUTION ('f not in hospital, give street address) d STREET ADDRESS e. IS RES DENCE ON A FARM? The Clinical Center, Bethesda 14, Md. 1218 Rockville Pike YES NO. 3. NAME OF A DATE DECEASED (Type or print) (No middle Name) Ford, Jr. DEATH Forrest March 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR ! IF UNDER 24 HRS. ă o iast birthdev) Months Days Hours WIDOWED | DIVORCED | Male March 1899 even 100. USUAL OCCUPATION (GIVE kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11. PIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? Toppe pred program working life, even if retired) Equipment uperator Fed. Government U.S.A. Kentucky 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Forrest Ford, Sr. Dora Graham 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Record (Yes, no, or unkown) | (If yes give war or dates of service) Not available The Clinical Center, Bethesda 14, Mary land 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac arrest IMMEDIATE CAUSE (e) DUE TO Arteriosclerotic heart disease with coronary undetermined geve rise to immediate cause occlusion **DUE TO** (a), stating the underlying PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 19. WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING []
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(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in ury in Part or Part II of itam 18) 20d. INJURY OCCURRED ! 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer (Stete) factory, street, office bldg., etc.) While Hour a.m. Not While el work el work saw the deceased alive on March 29 and that death occured and Am, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. T PHYS. filed with the FUNERAL 22c. PHYSICIAN'S The Clinical Center, National NAME (Type) David Horwitz. Institutes of Health, Bethesda 14, Md. 23d, LOCATION (City, lown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Burial-Transit 4/2/62 Memorial Park Dayton, Ohio

Robert A. Pumphrey, Bethesda, Mary land DATE APR 2

250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

arthur &

24 FUNERAL DIRECTOR'S SIGNATURE



BALTIMORE 1, MARYLAND I. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceasad livad, If Institution: Rasidence before edmission) e. COUNTY **b.** COUNTY MARYLAND OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta him ts, write RURAL end give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DATE DECEASED OF (Typa or print) DEATH With 5 SEX NEVER MARRIED 9. AGE (In years IF UNDER TYFAR! IF UNDER 24 HRS. last birthday) Months Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! dona during most of working life, even if retirad! page with 14. MOTHER'S MA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMA (Yas, no. or unkown) (Ifyasgivawerordatasofservica) 1B. CAUSE OF DEATH [Entar only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO <u>-</u># Conditions, If any, which gave rise to immediate cause **DUE TO** (e), stelling the undarlying PART I.. OTHER SIGNIF. CANT COND. TIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1-81 19. WAS AUTOPSY CERT. FICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING [7] CAUSE OF DEATH. Month, Day, Year | 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY (County) (Slata) fectory, street, office bldg , atc.) Not Whila Wh la et work et work 20 21. I certify that I took charge of the remains described above, held an Autopsy | | Inspection X. Inquiry X and in my opinion Natural causes X. death resulted from: Accident Suicide Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL EXAMINER'S pluods Address (Streat, city, town, or county) EMETERY OR CREMATORY 22d LOCATION ICH 0400 24a. REC'D BY REGISTRAR 249. REGISTRAR'S SHENATURE VS. A15ME 5M 9 60 DATE



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 03402 03395

άŢ	1. PLACE OF DEATH			2. USUAL RESIDEN	ICE (Whare decear		ni Residenc	e before admission)
ľ	Montgomer	Э	MARYLAND	* SYATE Wirgi	nia	b. COUNTY		
d	b. CITY OR TOWN (if or		c. LENGTH OF STAY IN 16	c. CITY OR TOWN ((If outsida corporate	s limits, write RURAL	and give n	aarast town]
ï		Bethesda (rural) 3 days			lria		5 7	
1	d. NAME OF HOSPITAL	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)				<i>'</i>	- \	a. IS RESIDENCE
	U.S. Naval	. Hospital		603 Fer	ry Landi	ng Rd.		ON A FARM?
	3. NAME OF First DECEASED		Middle	Last	4. DATE	Month	Day	Year
	(Typa or print)	Winfield	Stover	FRANCIS	OF DEATH	March	17	19 62
	5. SEX 6.	. DATE OF BIRTH		GE (In years IF UNDI		IF UNDER 24 HRS.		
	Female	12-22-33 Last buthday Months Days Hours Min.						
	10a. USUAL OCCUPATION done during most of working	(Giva kind of work 10b. I	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or fore	gn country) 12.	CITIZEN OF	WHAT COUNTRY?
	Down phillid most of Mothis	g ma, even n renred)		Pennsylv	rania		1	USA
	13. FATHER'S NAME	-		14. MOTHER'S MAIDEN	NAME			
	Henry Wats	on Stover		Dorothy A	rmstrong			
	15. WAS DECEASED EVER II (Yas, no, or unkown) (Ifyas	N U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	NFORMANT		Address		
	(183, no, or unkown) (if yas	diam Mar ot Ostazot Salvice)	HUS	: Evans J. F.	rancis	Same As	#2	
	IB. CAUSE OF DEA	TH (Enter only one cause per	tina for (a), (b), and (c).)	-				ERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE [a] Sarcoma, unclassified						
		DUE TO	•	_				-
	Conditions, if any, w							
	gave rise to immadiata	CBUAB						-
	causa last.	(a) seemly see unvariying 1						
	Z PART II. OTHER SIG							
-	PART II. OTHER SIG						Y	PERFORMED?
	E 2Da ACCIDENT WAS		SCRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Part I or Part I. of I	tem 1B)		(
	2Da ACCIDENT WAS OR CONTRIBUTING []							
	3 20c. TIME OF INJURY	Month, Day, Year 20d.		CE OF INJURY (Homa, farm		lown) (C	County)	(Stata)
Hour a.m. Whila Not Whila factory, street, office bldg., etc.)								
		37	nded the deceased from.	March 13	19.62 to M	arch 17	62 .	nat (I) (we) last
	saw the deceased	Monch 17		death occured at				
	22a. SIGNATURE	-/1.	- 171 1119 0110 11101	desir occarde ar		0 000000 0110 01	-	22h DATE
	Remark	racin Mil	many "			STAFE PHYS. (X) 1	.7 Mar	ch 1962
	22c. PHYSICIAN' NAME (Type) TO	mushy. + sur		22d. ADDRESS				
	NAME (Tyle) B	enjamin J. Gil	lson, LT MC US	N U.S. Nav	al Hospit	tal, Bethe	sda,	Maryland_
	238. BURIAL, CREMATION	23b. DATE THEREOF	23c. NAME OF CEMETERY			ON (City, town or col		(State)
Burial (Specify) 3-20-62 Arlington National Arlington, Virginia								
	24 FUNERAL DIRECTOR'S	SIGNATURE IN 19 (DILM	Alexandria, V		C'D BY REGISTRA	25b. REGISTRAR	'S SIGNAT	URE
	Everly-Wheat]	Ley Bundral Ho	me, 1500 W.Brad	ldock Rd	R 2 0 '62	C. Muy S	. Misaul	1



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03403 funeral 1 PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) a. COUNTY **b.** COUNTY 42 42 42 MONTGOMERY Nontamery MARYLAND MARYIAN O b. CITY OR TOWN (if outside comporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown! AITHERS BUR WhEATON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS n. IS RESIDENCE ON A FARM? WALKER, YES NO 3. NAME OF M ddle A DETE DECEASED OF (Type or print) DEATH 196 2 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. MARRIED TNEVER MARRIED last birthday) Months Days WIDOWED F attending physician Then please remove 10a. USUAL OCCUPATION (Give kind of work 10h, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Gen. Construction 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 1 17 INFORMANT Address (Yes, no or unkown) (If yes give war or dates of service) Fannie unknown Same 16. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c)] INTERVAL SETWEEN ONSET AND DEATH MPART . DEATH WAS CAUSED BY: 1 uses be . . . IMMEDIATE CAUSE (a) DJE TO Conditions, if any, Which gave rise to immediate causa DUE TO (a), stating the underlying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTUBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE 20a. ACCIDENT WAS UNDERLYING 17 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of tem 18.,

(IF EITHER, NOTIFY MEDICAL EXAMINER) PERFORMED? NO X MEDICAL | 20d. INJURY OCCURRED 20e PLACE OF INJURY Home, farm. 20f. (City or fown) (County) 20c. TIME OF INJURY (State) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work to... 3/23...., 19.63, that (I) (we) last 22a, SIGNATURE ATTENDING. DIRECTOR PHYS FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23s. BURIAL, CREMATION | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 0.5 3 1961 Laytonsville Laytonsville March 27 Md. 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE VR A15 (4) Md.

DEPARTMENT OF HEALTH



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03404 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY **b.** COUNTY b. CITY OR TOWN (if outside corporata limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) write RURAL and give nearest town) 1634111670 シノムレンでに ロタヤルシノルに d. STREET ADDRESS -d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give strent address) IS RESIDENCE ON A FARM? Sci. CONN. HUE 14 YES NO 3. NAME OF Day OF DECEASED (Typa or print) DEATH 6. COLOR OR RACE 7. MARRIED WEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. last birthday) Months WIDOWED | DIVORCED | 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, avan if retired) ONDON. ENGLAND. E-WIZLEK 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME UNKNOWK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT [Yas, no, or unkown] ! (If yas giva we ror datas of sarvice) 18. CAUSE OF DEATH Enter only one cause par line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** CANCER of the LUNY Conditions, if any, which gava rise to immediata cause **DUE TO** (e), stelling the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Metastatic Disease to other 20b. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW NIJRY OF CURED. (Enter nature of Injury in Part I or Part II of Itam 18.)

OR CONTRIBUTING | CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) [Stata] 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) While Not While Hour s.m. at work at work 21. I certify that (1) (this hospital) attended the deceased from Real mblues 19.6.1 to March 7. 19.6.3 that (1) (we) last 1962 and that death occured at MM, from the causes and on the date stated above; saw the deceased alive on DITACH 7 22b. DATE 22a SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYS-CIAN'S NAME (Typa) (Stata) 23c. NAME OF CEMETERY OR CREMATOR BURAL, CREMATION, 236 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE AUNERAL DIRECTOR'S SIGNATURE VR A15 [4] 15M 7/61

ND STATE DEPARTMENT OF HEALTH

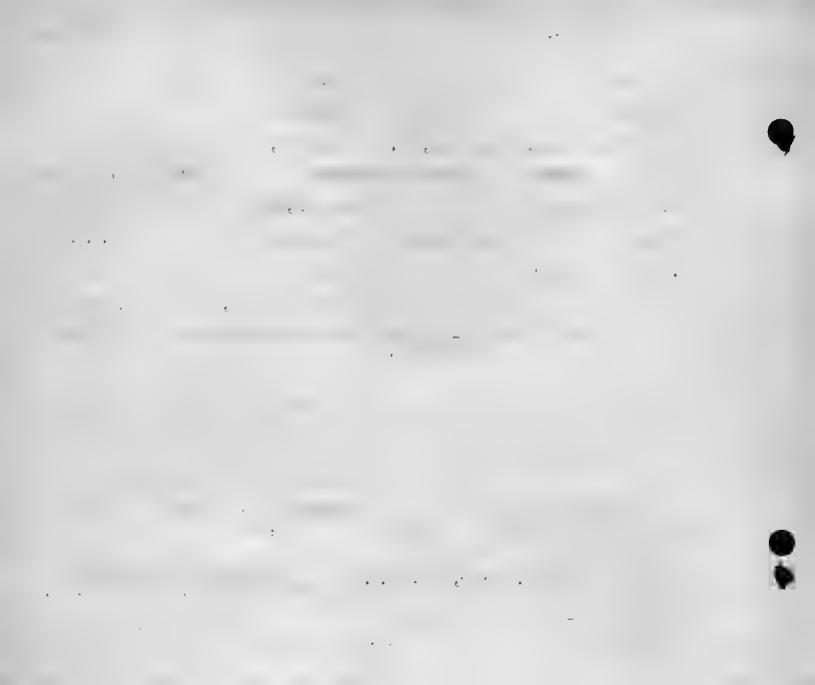


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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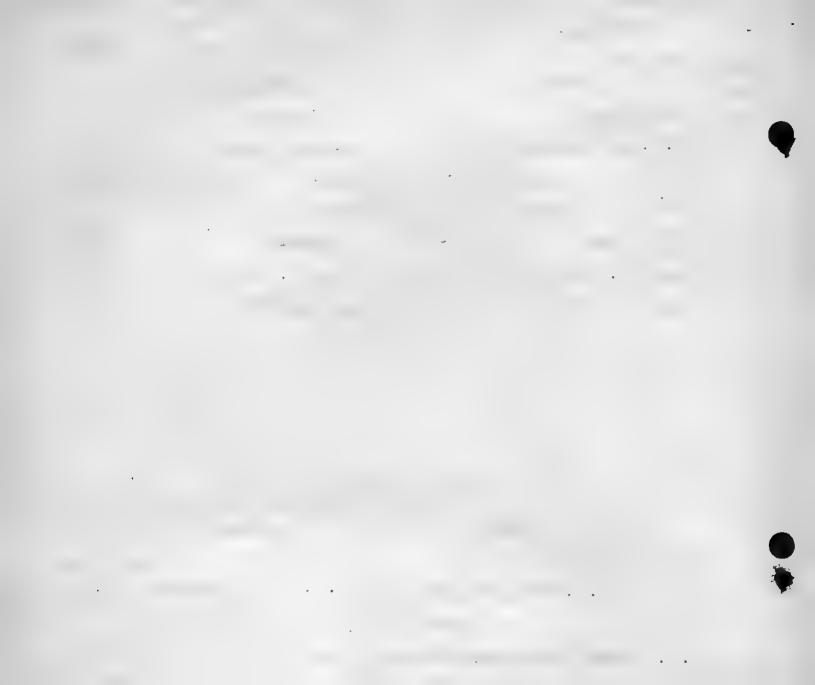
CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Gil a. COUNTY Virginia **6 COUNTY** O CY 上 MARYLAND Montgomery b. CITY OR TOWN (if outside corporate rimits, c. LENGTH OF STAY IN Th c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest town) Edinburg Bethesda e. IS RES DENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, a ve street address) d. STREET ADDRESS ON A FARM? Route #2, YES NO The Clinical Center, Bethesda 14, Md. Box 66 3. NAME OF Month DECEASED Pennywitt 19 62 DEATH March (Type or print) Ronald Funkhouser 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 19. AGE (in yeers , IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) Months Hours August 19,1940 Male White WIDOWED [DIVORCED e attending physician a Then please remove c toval, and in any event IDe. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE County & State, or fore an country) 1 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Not employed Virginia Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S. Alvin Funkhouser Louise Kagev 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records (Yes, no, or unknwn) (If yes give war or dates of service) Not available The Clinical Center, Bethesda li, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Terato-choriocarcinoma of left testis with h months IMMEDIATE CAUSE (a) carcinomatosis. DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (IE). 19. WAS AUTOPSY PERFORMED? NO [2De. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of nearly in Part I or Part II of item 18) OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, off.ce bidg., etc.) While Not While Hour e.m. et work at work 21 | certify that XI) (this hospital) attended the deceased from February ... 19.62 to ... March ... 7. (**) (we) last saw the deceased alive on...Mazoh. 7 19.62, and that death occured a 5.230 Myrom the causes and on the date stated above. SIGNATURE SIGNED ATTENDING PHYS. M.D Jeath, Post page with t PHYS CIAN'S The Clinical Center, National George H. Porter, Institutes of Health, Bethesda 14, Md. ector, filed 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23e. BURIAL, CREMATION, 23b DATE THEREOF 市品 Bethel OF Edinburg Va 24 FUNERAL DIRECTOR'S SIGNATUREHOME Washington D.C. 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) arihur S. France 15M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



Į,	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
3	CERTIFICATE OF DEATH Stem 23t, File Green 3/29/62 iwk 03399
M)	1. PLACE OF DEATH a. COUNTY Montgomery Manyland Item 8 Film (3317). URUAL ACCIDENCE (Where deceased lived, if institution; Residence before edmission b. COUNTY b. COUNTY Wasyland Virginia
D B	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
-/30	Bethesda (Rural) Portsmouth
urs aft	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM
in 72 hours	U. S. Naval Hospital 918 North Street YES NO N
72	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
Ē	(Type or print) Eugene Franklin Gayle Jr. DEATH March 23, 1962 19
* * * * * * * * * * * * * * * * * * *	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. ADATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last brithday) Months Days Hours Min.
ig I	Male Caucasianwidowed Divorced March-14, 1941 21 yrs.
8	10e. USEAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTR
any	Service Man Virginia USA
	13. FATHER'S NAME
pue .	Eugene F. Cayle Ruth E. Swain
100	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unknown] [(flyasgivewsrordelesofservica)]
o E	Ues No Hoppital Records
2	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] NATERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
, j	PART I. DEATH WAS CAUSED BY, Carcinoma of festis with me factorial ONSET AND DEATH
ption	DUE TO
E E E	Conditions, if any, which (b)
5	gava rise to immediata cause (a), slating the underlying DUE TO
	cause last. (c)
2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPS' PERFORMED!
\sim	YES [X] NO [
ī.	20e ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED, lEnter neture of injury in Pert I or Pert II of Item 18) OF CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stele) Hour a.m. While Not While factory, street, office bldg., etc.]
	Hour a.m. While Not While et work et work
	21. I certify that (A (this hospital) attended the deceased fromJanuary 8, 19 62 to March 23, 19 62 that (X) (we) le
	saw the deceased alive on March 23 1962, and that death occurred at 10/1/37/AM the causes and on the date stated above
or or	226 SIGNATURE 225 DATE ATTENDING MED. STAFF SIGN
	PHYS. Warch 23, 1962
	22c. PHYSICIAN'S 22d. ADDRESS
	R. T. BROOKS LT MC USN U. S. Naval Hospital, Bethesda, Md.
	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
	REMBUTIET Mar. 24, 1962 Hampton National Hampton, Virginia
	24 FUNERAL DIRECTOR SIGNATURE CO. ADDRESS 258. REC'D 84 REGISTRAR 256. REGISTRAR'S SIGNATURE
	W. W. CHAMBERS Funeral Home, 1400 Chapin St., WDC DATE MAR 27'62

MARYLAND STATE DEPARTMENT OF HEALTH



. 1		MARYLAND STATE DEPARTMENT OF HEALTH				
- Taran		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
h âmas			USGU: CERTIFICATE OF DEA		03400	
ate of	1		PLACE OF DEATH 2. USUAL RES		coesed I'vad, If 'nstitution: Residence before ac	dmission)
E TAN	V		MARYLAND MARYLAND	Md.	6. COUNTY MESTERS	ens
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diii k	- 1		d. NAME OF HOSPITAL OR INSTITUTION (If no) in hospital, give street address) d. STREET AD	attens	bully	S DENCE
Page urs a	7		Tel for Hospital, give sireel address)	./	ONA	FARM?
ers.		3.	NAME OF First Middle Lost	1 d. DATE	Month Day Year	المحا
mple pap			DECEASED (Type or print) Blanche E: Gehman	BEATH	March 4 19	62
o d o		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	/1879	AGE (In yeers IF UNDER 1 YEAR IF UNDER : lest birthdey) Months Days Hours	24 HRS.
ite b na c r car		1	contile white WIDOWED DIVORCED 8/19.	1810	82,415.	
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phy:		13.	FATHER'S NAME, 14. MOTHER'S M	MAIDEN NAME	men a.dil	7
ling leas	F		John Lowers D'2	In L	The lendos	
tend en pl	(I)		WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOCIAL SECURITY NO., 17, INFORMANT	7	Address 69- Bidge	Horas
he a Th		-	no Hancis	Poste	er/Tousont, Mill	~ 4
es # cian. by 1 crmit.			18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PARI 1. DEATH WAS CAUSED BY:	11.	INTERVAL BETY ONSET AND D	
hysin hysin ned it pe			IMMEDIATE CAUSE (a) Con gestione 14 00	of going	Luxu 6 from	٠٠. ٢٠٠٠
w re p pr s gr rans natio			Conditions, if eny, which (b) Wiles was elicit,	- Hear	1 8400	none of many
andii andii me rial-t			geva rise lo immediate cause	6. 14	J. NOT. 8 24	
has has e bu			(c) telling the underlying course lest.	÷ 71	397	
IAN al o sate sate o bu	Λ	₽ N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE	CONDITION GIVEN IN PART I(a) 19. WAS AL	UTOPSY RMED?
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HY is ce for (CERTI	2De. ACCIDENT WAS UNDERLYING 2Db. DESCR.BE HOW INJURY OCCURED. (Enter halure of in OR. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	njury in Fast I of Fast is	or iism 10-,	
er the		18	20c, TIME OF INJURY Month, Day, Yeer , 20d, INJURY OCCURRED , 20e, PLACE OF INJURY (Ho	ome, farm, 2Df. (City	or lown) (County) (Stata)
Aft Petac of t		WED	Hour e.m. While Not While fectory, street, office bl	Idg., etc.)		
TEN Tetaii De c			21. I certify that (I) (this hospital) attended the deceased from MA.L Y	, 19 47 . to.	1414.12	we) last
S P S P P			saw the deceased alive on 17.19.11. 4. 19.6.2 and that death occurred	d at.6.f.M, from	the causes and on the date stated	
DIR Springer			220/ SIGNATURE ATTENDING PHYS.	MED. DIRECTOR	22b. 7 PHYS. 17 2-4-6	SIGNED
A PER SE			22d PHYSICIA WS		3-1-0	
Pag NER I, pa	1		NAME (Type) Robert 1. An. Le 500	o(o belra	y Ave. ethesda.	
HO.		23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	1 1-11	ATION (City, town or county) (Sta	ata)
ರಿಕ್ಟರ್ಕ್ಡ	0	(Swigt 3-1-62 SandyMount Chine	250. REC'D BY REGIST	7	2-
VR A15 (4)	M.	24	5/6 E Deanung Vin	DATEMAD 7 '62		
	111	14	Maure Buthushing 1 MB.	ALL THE THE PARTY OF	Chang a many	



V 1 0		MARYLAND STATE DEPARTMENT OF HEALTH
~ A		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		103408 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03401
HEALTH DEPT.	ī,	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If Institutions Residence before admission)
Page lles.		o. COUNTY MONTGomery MARYLAND STATE med b. COUNTY Ments
	1	b. CITY OR TOWN (If outs de corporete limits, write RURAL and give needst town) yente BURAL and give recept town)
5 6 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	/	Silver Spring 8 3m Silver Spring
for y		d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, g. ve steet oddress) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
B B B		11416 - Sherrie Lane 11416 Sherrie Lane YES NO 10
the funer retained ne State death.	3.	NAME OF Perst Middle Cibson Last DATE Month Day Year
		(Type or print) Marion 11 1962
d 3 to with the	5.	SEX 6 COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRT 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
da da		Mul widowed Divorced 9-9-25 Best birthday) Months Deys Hours Min.
क्रियाक च		USUAL OCCUPATION (G ve kind of work 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
age 1 al	00	Steam Letter John Fitzgerald Co. Md. M-S. C.
horages.	13.	FATHER'S NAME CINSON 14. MOTHER'S MAIDEN NAME
PW PW P		marin 9 - Interes St. Nellie Years
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CIDSON Address
d with to the state of the stat	1.	Yes WITI
in an	-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
exection of the control of the contr		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coznary Otalisaion Suclain
d be of pencice all islands		14 \ O _/ DUE TO
ould in p Duris buris		Conditions, if any, which (b)
15 m v v v b		gave rise to immediate cause (
cate andin inner d as		cause last. (c)
ertifica L'apen Examin used fion,	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1[6] 19. WAS AUTOPSY PERFORMED?
vord vord d be emat	CERTIFICATION	YES NO A
Sedice wood	I E	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert II of Item 18.) PRIMARY or CONTRIBUTING
国立を指揮	1	CAUSE OF DEATH.
AMINE writing Chief Page 3 to buris	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (home, ferm, 20f. (City or town) (County) (Stete) Hour e.m. WhileNot While
4 4 5 E	MED	p.m. 19 et work et work
C EX Costs to the prior		21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
SERVE TO		death resulted from. Natural causes 🙀 Accident 🗍, Suicide 🗍. Homicide 🔲, Undetermined manner 🗌
Narch Narch		CHIEF MEDICAL EXAMINER
MEDICAL In the certific forwarded i IL DIRECT nated agent,		SIGNATURE TRANS SIGNATURE AND ASSISTANT MEDICAL EXAMINER DATE SIGNED
DEPOSITY Mease execute should be for PUNERAL rits designate		EXAMINER'S FOA GIK T PI AND A TO THE DEPUTY MEDICAL EXAMINER TO 3-11-6 2
Pind de la	70	NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, [22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCAT.ON (City, town, or country) (Stefe)
Should should be seen	22	REMOVAL (Specify) 7 14 60 Cedar Hill Cometary Suitland Prince George's Co. Md.
5 g 4 5 g	21	Burial 15-14-02 Section Registrar 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. AISME		
SM 9160 1 0 13	V.	erner E. Pumphrey, Inc. Silver Spring, Maryland DATE MAR 15'62 union 8, thomas



ENDING PHYSICIAN: The law requires that the depth certificate be

VR A15 (4) 15M 9/59

fter death. Page 4

03409

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03402

	LACE OF DEATH				2 USUAL RESIDENCE (WI	here deceased	lived. If instituti	an: Residence	before odmi:	ision/
0.	. COUNTY	Montgomery	A	MARYLAND	o. STATE	D.C.	b. COUNTY			
b.	. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF	STAY IN 16	c CITY OR TOWN (If o	outside corpoi	rote limits, write f	URAL and giv	re nearest tow	n)
	Kensing		13 d	lays	Wa	shing	gton	41	7 X - 3	
d	OR INSTITUTION	TAL (If not in hospital, give stree	t address)		d. STREET ADDRESS				± IS RE	SIDENCE A FARM?
		ton Gardens S	an.		5524 9th	Stree	et, N.W		YES [] NO []
3 N	AME OF	First		liddle	Last	4 DATE OF	Mor	ıth	Day	Year
	(ype or print)		<u> </u>	ilbert	son	DEATH	Mar 21			19 62
S. SI	_		RIEDE NEVER M	ARRIED B.	DATE OF BIRTH		9. AGE (in years last birthday)		YEAR IF UND	ER 24 HRS
-	ale	white wibov			2/22/82		80 yrs			
10a.	USUAL OCCUPATE during most of wor	ON (Give kind of work done 10) king life, even if retired)	. KIND OF BUSINE	ESS OR INDUST	RY 11 BIRTHPLACE (State	or foreign co	untry)	12. CITIZE	N OF WHAT	COUNTRY?
		Kennedy-Warr	en Gara	ge	Norway				U.S.	A .
13. F	ATHER'S NAME				14. MOTHER'S MAIDEN N	NAME				
		Gilbertson			August	a				
	WAS DECEASED EVI	ER IN U. S. ARMED FORCES? 16 [If yes, give wor or dates of service)	SOCIAL SECURIT		DRMANT	_	Add مے سے		Wash,	D.C.
	no		78-05-5	687 Mars	. Lucille	Denn:	לל, Ison	24 9t	h St.	N.W
		ATH [Enter only one couse per				e .			INTERVAL B	ETWEEN DEATH
Н	PART I. DE	ATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	acute (2000mm	my Insuffe	ciona	4		1/2 hr	
PART I. DEATH WAS CAUSE BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) [Aypertensive arteriorderatic carelia base chi					-13					
	Canditions, if a	(D)	ypertin.	an ar	lerusslewh	n car	elis base	· aus.	c de	
Н	gove rise to cause (a), stating	DUE TO								
	lying couse lost.	(c)								
CATION	PART II OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASI	CONDITION GI	VEN IN PART	l(o) 19 WAS PERF	AUTOPSY ORMED?
									YES [] NO 🗌
CERT	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING 206 DE G CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJU	IRY OCCURRED.	(Enter nature of injury in	Port I or Port	tl of item 18)			
			INJURY OCCURRE	D 20e PLAC	E OF INJURY (Home, form	n, 20f (City	or town)	(Co	unty)	(Stote)
MEDI	Haur a.m. p.m.	19 While	e Natwhile ark □ otwork [ny, areer, drince blog , erc	···)				
	21 I certify the	at (I) (this haspital) atter	ded the deced	used from 2	en 29 19	58 10	Mar 21	1962	e. that (I)	Iwe\ last
11	saw the decen	sed alive an Awar.	٢٥ ١٩٦٠	and that de	ath accurred at 5.46					
	22a. SIGNATURE	n fra.		and mai do				14 011 1110		25 DATE
\mathbf{H}		MIT Other	un	М	D ATTENDING M	AED IRECTOR	STAFF PHYS.	4	mar 21	SIGNED
	22c PHYSICIAN'S NAME (Type)	MEOTTI	YAN M	b	22d ADDRESS	800 0	a ane			
23a.		9N₩ 23b. DATE THEREOF	23c. NAME OF	CEMETERY OR	CREMATORY	23d. LOCAT	TION (City, town,	or caunty)	(Sto	ote)
	REMOVAL-(Specify	3/24/62	Rock	Creek	Cemetery	Was	shingto	n, D.	C	
	FUNERAL DIRECTO		ADDRESS	Wash	D.C. 25a REC	D BY REGIST	RAR 25b REG	STRAR'S SIG	NATURE	
T	he S.H.	Hines Co.,290)1 14th	St. N.	W., DATE	MAR 2 2	762	Tribung L.	Trains	



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The law rough attending plans been signed by the attending plans been signed by the please are the please at the p

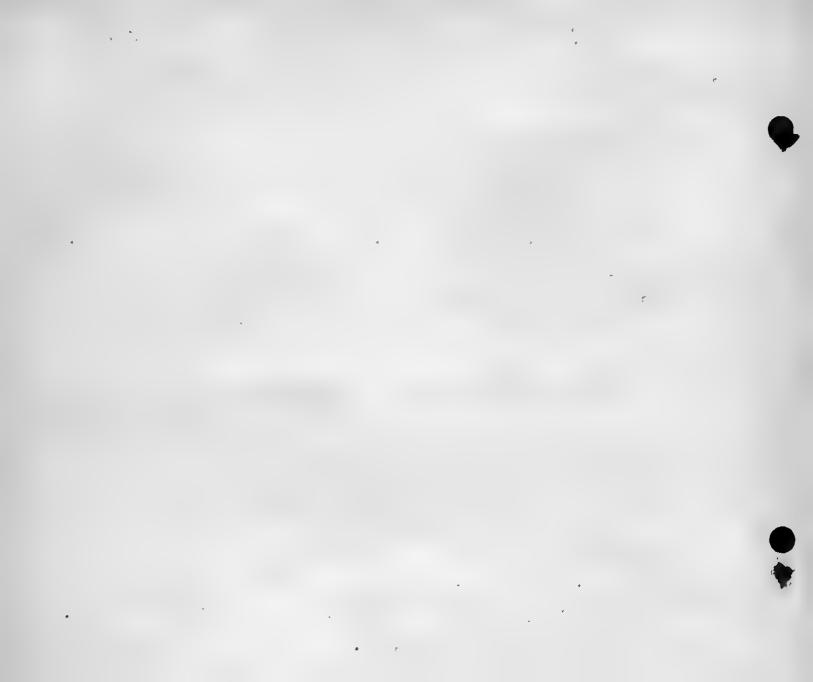
CIOR:

FUNERAL

director, p

removal,

AND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed I ved. If institution, Residence before admission) COUNTY District of Carimbia Montgomery MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town? Washington Bethesda d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Suburban Hospital 3911 Military YES NO K NAME OF Middle DECEASED GLESSNER MARY MARGARET March DEATH (Type or print) AGE (In years HE UNDER 1 YEAR HE JNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Deys | Hours Mar. 16. 1898 Female WIDOWED [DIVORCED [63ms 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) Washington, D. C. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William D. McFarland Mary Oulihan 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17 INFORMANT HUSband Address (Yes, no, or unkown) (If yes give wer or detes of service) Same as Item #2 No 579-28-7272 Reu Glessner INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c),) ONSET AND DEATH PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) cenouse to bone & brown gave rise to immediate cause DUE TO (e), stating the underlying PART I OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(6) 19. WAS AUTOPSY NO A 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of 'tem 18.) CERT (State) 20c. TME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form | 20f. (City or lown) (County) fectory, street, office bldg., etc.) While Not While Hour a.m. et work | et work 21. I certify that (1) (this hospital) attended the deceased from April 1. 1939 to March 3, 1962 that (1) (we) last 19 6.2, and that death occurred at 45M, from the causes and on the date stated above. 22e. SIGNATURE SIGNED PHYS. DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) GILBERT B. RUDE (Stella) 238. BURIAL, CREMATION, | 236. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 240 REMOVAL (Specify) Prince George Co. Burial Cemetery REC'D BY REGISTRAR 1 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4. 1SM 7 61 Pumphrey, Bethesda, Marylans DATE

DYLAND STATE DEPARTMENT OF HEALTH

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in 24 hours aften

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH 03405

4		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
		Monte, Maryland	o. STATE Maryland b. COUNTY Montr.
	- 1	b. CITY OR TOWN (if outs de corporele limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
		Gaithersburg. Rural 40gr	f Haithersburg. Rural
	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
			LongDraft Rd. YES NO T
	3.	NAME OF First Middle	Last 4. DATE Month Day Yeer
		occeased (Type or print) Gladys Jusephin	e Glever Mar 24 1962
N	5.		DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Л			lest birthdey) Months Deys Hours Min.
		Toward 1 Militage	Feb 24-1896 66 yrs. 10
	dor	ne during most of working life, even if retired)	
	13.	FATHER'S NAME	San Francisco. Calf, USA 14. MOTHER'S MAIDEN NAME
		Charles Burdette	Nettie Shuck
	15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II. s., no. or unknown) (Ifyesgive were relates of service)	NFORMANT Address
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Mrs Henry Musser, Caithersburg, Md.
		18. CAUSE OF DEATH [Enler only one cause per line for (e), (b), and (c).]	Mrs Henry Musser, Caithersburg. Ad.
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	EMBOLUS STLE DAY
		DUE TO	The Diff
		a constant	TABLY
		geve rise to immediate cause	I Today
		(e), stelling the underlying DUE TO	OF SPARL CORD SMONTHS
	-,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY
)	Ď.	TAKE II. OTHER SIGNIFICANT COMMINIONS	PERFORMED?
	₹ Z	A A CONTROL VILLE IN TOTAL VILLE IN THE PROPERTY OF THE PROPER	YES NO W
	CERTIFICATION	206. ACCIDENT WAS JNDERLY NG 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	, (Enter neture of injury in Pert I or Pert ,I of .1em 18)
	3		CE OF INJURY (Home, ferm, '20f. (City or town) (County) (State)
	WEDICAL	Hour e.m. While Not While tector	ory, street, office bldg., etc.)
		21. I certify that (I) (this hoppital) attended the deceased from.	JUNE 23, 1961, to Martine 24, 1962, that (1) (ve) last
			death occured at In 2PM, from the causes and on the date stated above.
		220./SIGNATURE	22b. DATE
		onto IX asurley on M	ATTENDING MED. STAFF SIGNED
		22e PHY CIAN'S	22d. ADDR66S
		Afric (Type) Gordon S. Rosenterger, M. D.	310 W. Montgomery Ave, Rockville, Md.
	238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stelle)
		REMOVAL (Specify)	Rockville. Md.
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
13		Ernest C. Gartner. Gaithersburg.	Met. DATE HAR 2 7 '62 Chilma S. Thomas



H		MARYLAND STATE DEPARTMENT OF HEALTH
		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	L	03413 MEDICAL EXAMINER'S CERTIFICATE OF DEATH U3406
HEALTH DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed Lived, if institution: Residence before admission at COUNTY).
2 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Н	month months maryland o. STATE mad b. COUNTY months
第5章型人		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL end give (earest town)
2 5		Rockville 10 Richarde
ECE)	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)
200		1002 Brice Rol 1002 Brice Rd YES NO 10
ny d fune same State	3.	NAME OF First Middle Last 4. DATE Month Day Year
T de C		(Type or print) Mary Geller Glade DEATH man 4 1962
를 유명하는 기계 기계 기	5.	SEX 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS.
de de may		WIDOWED DIVORCED 2-15-62 last birthday) Months Days Hours Min.
15 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19	USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Siste or foreign country)
rrs al 2 1, 2 2 age 1 an 72		ine during most of working life, even if retired)
hor day age 3. F. Firing the second of the s	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
PM3	Y	Rolph Golding Gourd Kurt
		WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT
1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 ×	10	es, no, or unkown) (lifyes give wer or dates of service) R. M. M. L. M. (2.7)
treed in any	-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
akong transit		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) Castin Series ONSET AND DEATH Audiology
d be of pencine all isi-tra		475X DUE TO 1
should in p		Conditions, if any, which is the Whee Respection Enfort in 24 hre
2 2 × 2 E		gave rise to immediate cause DUE TO
ndir iner d as		(a), stating the underlying DOETO (c)
"pen "pen xamir used ion,	NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
S D THE STEEL	Ě	PERFORMED? YES \ \ NO \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
edice well	CERTIFICA	20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of I tem 18.)
日本 文化画		PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
vriting Chief Chief age 3	WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
KAI he (he (WED	Hour a.m. While Not While factory, street, office bidg., etc.) p.m. 19 at work at work
ot other in		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry Inquiry and in my opinion
ME ALL to the certific forwarded L DIRECT sized agent,		death resulted from: Natural causes A. Accident . Suicide . Homicide . Undetermined manner
the certification of the certi	1	CHIEF MEDICAL EXAMINER
Mar Sold		SIGNATURE THE SIGNED ASSISTANT MEDICAL EXAMINER DATE SIGNED
P Pecu		EXAMINER'S EP 1 ULT BLACK 217 DEPUTY MEDICAL EXAMINER & 3-4-62
DEPUTY ME should be forward by FUNERAL DI	1_	Address (Street, city, fown, or county)
See of Se	221	REMOVAL (Specify) 226. DATE THEREOF 226. WAINE OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country)
0 g 4 0 g		remation Morch 5-1762 See Jemalery Maskengton &
VS. AISME	3	ADDRESS ADDRESS ADDRESS AND THE CLE JUST & FEGISTRAR ZAB. REGISTRAR'S SIGNATURE
5M 9/60	核	2e Huneral Home Trashington, DC DATE
	1	7 147



in 24 hours after deach. Page:

Developed by the hospital or attending physician.

TO FUNERAL *** ECTOR**. After this certificate *** seen signed by the attending physician and completely mind in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the page of the prior to burial, cremation, or removal, and in any event, within 72 hours after the pages.

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03414 CERTIFICATE OF DEATH 03407

		1
	1. PLACE OF DEATH c. COUNTY 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmi	(SSIO)
	MARYLAND STATE FINRIDA 6. COUNTY OSCIOLA	V
	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	-
	write KUKAL end give nearest town)	
,	Kensington 10 months MAITLAND, FLORIDA	
1	d. NAME OF HOSPITAL OR JUSTITUTION (if not in hospite., give street address) d. STREET ADDRESS e. IS RES D ON A F	
	Kensington Gardens Janitarium 123 HOLLIE COURT 4XX DYES NO	
	3. NAME OF first Middle tast 4. DATE Month Day Year	
	(Type or print) VICTOR E GOODWIN DEATH March 1/ 196:	~
	VILLOR E COOLIN I ITALIA	HDC
	7. MAKRIED NEVER MARRIED 1 STORE OF SHARE	Min.
	MALE White WIDOWED DIVORCED MAY 11 18/7 82 yr.	
	10a. USUAL OCCUPATION (G ve kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (County & State, or foreign country) 12. CHIZEN OF WHAT COU	JNTRY?
\	13. FATHER'S NAME CINERAL CONDITION MINNESOTA TUSA	~
	Trace Constitution of Constitution	
/	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	(Yes, no, or unkown) (Ifyes givewer or detes of service)	
	NO OBDARA GOODWIN 123 Hollie Court	
	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEE ONSET AND DEA	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE 10 NOS	urs
	The Due to	-
	geve rise to immediate cause	
	(e), steting the underlying DUE TO	
	cause last (c) ARTERIOSCLERUSIS	
,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORME YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Pert I or Pert I of item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY MEDICAL EXAMINED!	
	ZOA. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Pert Lor Pert Lor Item 18.)	_
	OR CONTRIBUTING [] CAUSE OF DEATH	
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ', 20f. (City or town) (County) (Stell	
	Hour a.m. While Not While factory, street, office bldg., etc.)	101
	p.m. 19 st work st work	
	21. I certify that (I) (this hospital) attended the deceased from May	i) last
	saw the deceased alive on Morch 11 1902, and that death occurred at 7.35 M, from the causes and on the date stated at	bove,
	226. SIGNATURE	ATE
	M.D. PHYS. DIRECTOR PHYS. 3 /11/6 2 SI	IGN ED
	122c. PHYSICIAN'S	
	PANE (YPE) F DV-P MD are 19th Street NW	
	23e, BURIAL, CREMATION, 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State)	_=
	REMOVAL (Specify)	
	burial 3/14/62 Rock Creek Cemetery Washington, D.C.	
	The S. H. Hines Company 2901 14th St. N. W. MAR 1 162 256. REGISTRAR'S SIGNATURE	
	The S.H. Hines Company 2901 14th St. N.W. MAR 1 7 62	
	The state of the s	



RYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY **b.** COUNTY b CITY OR TOWN (if outside corporate I mits, MARYLAND Maryland Montgomery c. LENGTH OF STAY N 16 c. CITY OR TOWN (I outside corporate limits, write RURAL and give neer ast town write RURAL and give nearest town] Kensington d. NAME OF HOSPITAL OX INSTITUTION (if not in hospital, give street addrass) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X Colfax 4404 Colfax Street Middle DECEASED (Type or print) DEATH March 19 62 Gottschalk 9. AGE in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF B RTH lest birthday) Months WIDOWED D YORCED Male 1De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NDUSTRY ! 11. BIRTHPLACE (County & State or form an country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) Ret. Salesman Selling New York USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marie Rammenstein Julius Gottschalk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give wer or detes of service) -Wife-same 2d 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: WEARS. IMMED ATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to Immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110), 19. WAS AUTOPSY PERFORMED? VIAbetes MeLLitus NO 6 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) 200, ACCIDENT WAS UNDERLYING FT OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 2Dc. TIME OF INJURY 20d. tNJURY OCCURRED . 20e. PLACE OF INJURY . Home, ferm, ' 20f. (City or lown) (County) Month, Day, Year fectory, street, office bldg., etc.) Not While Hour a.m. ef work et work 21. I certify that (I) (this hospital) attended the deceased from Dct. 9....., 1956 to MAR. G., 1962, that (I) (wa) last saw the deceased alive on MAR 5 19.62, and that death occurred at. . . M, from the causes and on the date stated above 22b. DATE S GNED ATTENDING DeWil PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S DeWitt E. DeLawter Porter Street. N. W. Wash. DC 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stete) REMOVAL (Specify)
Burial Rockville. Maryland Parklawn Cemetery 250, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 9 '62 Robert A. Pumphrey, Bethesda, Maryland DATE WAR arting & though 15M 9/60

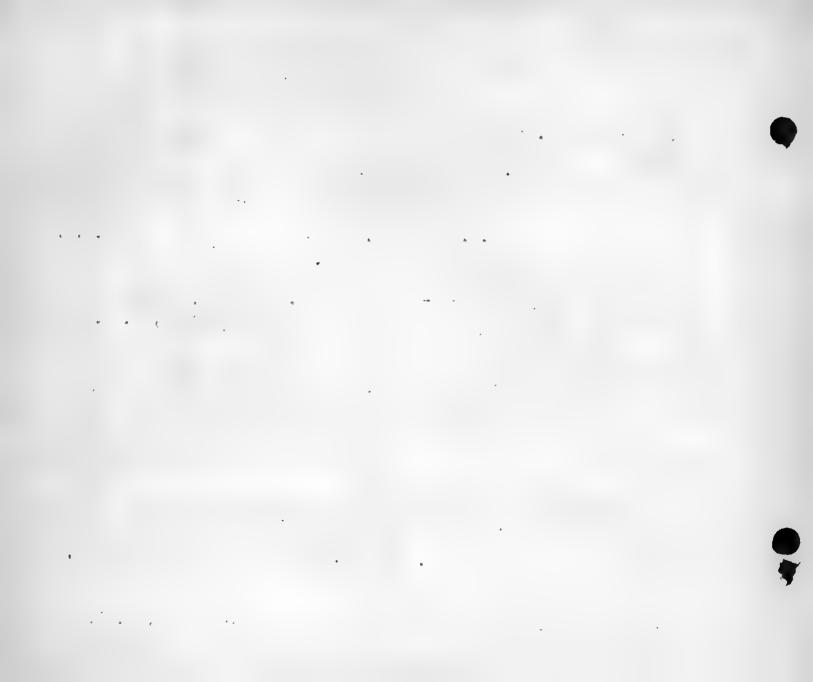


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institutions Residence before admission) a. COUNTY b. COUNTY Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN (if ourside corporere I mils, c. CITY OR TOWN (if outside corporate I m ts, write RURAL and give necrest town) c. LENGTH OF STAY N 1b write RURAL and give nearest town) 26 Takoma Park, Maryland Takoma Park Vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 7607 Eastern Avenue 7607 Eastern Avenue YES NO 3 NAME OF . 4. DATE Yeer Middle Month DECEASED (Type or print) Phillip DEATH Henry Goundie 6. COLOR OR DACE TO MARRIED TANEVER MARRIED IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH AGE (In yaers | IF UNDER 1 YEAR last birthday) Months Days DIVORCED June 5, 1882 physician e remove 10a, USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP. ACE County & State or form on country! 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even 'f ret'red) Floor Manager Hecht Company Pennsylvania U.S.A. 13. FATHER'S NAME 14. MOTHER'S MA, DEN NAME attending | Phillip Goundie Mary V. Petty 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Takoma Park, Md. the th Yas, no, or unkown) (if yas give war or dates of service) Mrs. Iola C.V. Case 7607 Eastern Ave. No 1578-10-3101 NTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per I ne for ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate causa DUE TO (a), stating the underlying ceuse last. PART II. OTHER SIGNLEICANT CONDITIONS CONTRIBUTING CERTIFICATION PERFORMED? NO 20 DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert il of Itam 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) Not While While Hour a.m. el work el work p.m. 21. I certify that (I) (this hospital) strended the deceased from... saw the deceased alive on....... 22b. DATE 22a. MGNATURE ATTENDING SIGNED DIRECTOR 22d. ADDRESS NAME (Type) 23a, BURIAL, CREMATION 1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 123d. LOCATION , City, town or county) REMOVAL (Specify) Prince George's Co. Maryland Buria: Fort Lincoln Cemetery 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 34 Georgia Ave VR A15 (4) 15M 9/60 Inc. Silver Spring. Maryland DATE

RYLAND STATE DEPARTMENT OF HEALTH



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
-		03417 CERTIFICATE OF DEATH Reg. Dist. No. 3410
File Greet	1	ACCOUNTY MONTGOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) a. STATE Maryland Montgomery
should be f		c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Chevy Chase
Х		d NAME OF HOSPITAL (If not in hospital, give street address) of INSTITUTION of INSTITUTION 6609 Brookville Road e is residence on a farm? YES \(\) NO \(\)
	3.	NAME OF DECEASED HAPVEV REFCHER GRAM OF DEATH NAR 26 1962
	5	6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH IN DER 1 YEAR IF UNDER 24 HRS In Diversity of Divorced NOV 24, 1869 North N
	Ι.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
		Retired U.S. War Dept. Ohio U.S.A. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
		David Gram Margaret Dell
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address
		No Harvey B. Gram. Jr. 5804 Overlea Road
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] Washington 16, D. CINTERVAL SETWEEN
		PART I. DEATH WAS CAUSED BY: Chronic brain syndrone 5 MONS.
		Candillans if any which a Con by r-1 more clar Thrombones (6 MONS
		gave rise to immediate
		tying cause last. (c) Circleal arteriosclerosis UNKNOWN
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO X
		20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item. 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	METICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a m While Not while at wark at
		21. I certify that I attended the deceased from AUG 18, 1961, to MAR V6, 196 that I last saw the deceased
		alive an 14AR No. 19. 69, and that death accurred at 6.40 PM, from the causes and an the date stated above.
		ACTUAL SIGNATURE SOLVEN STORE MD 4501 CONN AVE 3/V6/62
		PHYSICIAN'S ROBERT 5. POOLE M.D.
Di L	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
Ē	00	Burial 3_20_1060 Rock Greek Cometony Washington, D. C.
	23.	FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE OUR PAR SUCCESSION
	4	There are the state of the stat
	1/	/ Maria di la



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edm ssion) b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C. b. CITY OR TOWN (if outside corporete limits, E. LENGTH OF STAY IN 16 weste RURAL and give nearest town) Weng Kon d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Quintana Place N.W. YES NO NAME OF DECEASED DEATH (Type or print) 10 62 PATE OF BIRTH SE JNDER 24 HRS 6. COLOR .9. AGE IIn years IF UNDER I YEAR NEVER MARRIED last birthday) WIDOWED I 12. CITIZEN OF WHAT COUNTRY? 10s. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY State, or foreign country) done during most of working life, even if relired) Madison. Va. Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unkown) | (If yes give we ror dates of service no Dorothy same as 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (e), stating the underlying CERTIFICATION PERFORMED? NO X 20e ACCIDENT WAS UNDERLY NG [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Idem 18., OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 1 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, ' 20f, (City or town) (Stete) 20c. TIME OF INJURY Month, Day, Yeer (County) fectory, street, office bldg., etc.) While Not While Hour n.m. at work et work 10 March 11 19 62 that (1) (we last 21. I certify that (I) (this-hospital) attended the deceased from ... V. V. . 19 - and that death occurred at 2.3 M, from the causes and on the date stated above. 22a SIGNATURE ATTENDING DIRECTOR PHY5. M.D. Columbia Rd., N.W., Washington NAME (Type) Horace H. Custis, Ir. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 236, BURIAL, CREMATION 236, DATE THEREOF REMOVAL (Specify) 058 Creek Cemetery Washington, D.C. buria 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4 15M 7 61 Company



1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 12410 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 1. PLACE OF DEATH 1. PLACE OF DEATH 1. USUAL RESIDENCE (Where decreed lived if institut on Paridance before admiss on)
Page, les.	a. COUNTY MARYLAND O. STATE Md b. COUNTY MARYLAND G
and a second	b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (II outside corporate limits, write RURAL end give represt town) write RURAL end give represt town)
	Valoriae 2 yr Attorical Hyattoville
E E & A	d NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give streambddress) d. STREET ADDRESS 5451 Newton St. Apt IS RESIDENCE ON A FARM?
fune aine state ath.	3. NAME OF First Middle Last A DATE Mouth Pay Year
Har the She She She She She She She She She S	(Type of print) Curre D. Strigg by DEATH Mar 8 1942
ath.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE BIRTH 0 74 9. AGE [In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
P C E E S	huel White WIDOWED DIVORCED [] /2-21-
s ath	10% USUAL OCCUPATION (Give kind of work dana during most of working life, even if refired) 10% USUAL OCCUPATION (Give kind of work dana during most of working life, even if refired)
ages 3. Pa ges 1	13. FATHER'S NAME 1
PW. PW. I will will will will will will will wi	altred askour Unburger
Form Co.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((fyes give we ror deles of service)
ed w	Kest Home Record
in ly no v no	18. CAUSE OF DEATH (Enlor only one cause per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
ancil ancil e alo l-trar t anc	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cicute Congestion heart failure sudden
in po Jin po Office Vuria oval	Conditions, If any, which (b) Chronia my originals &
r's (gave rise to immediate cause [e), stating the underlying DUE TO
fication mine sed a sed	cause lest. (c)
certing "Francial "Fxa	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) 19. WAS AUTOPSY PERFORMED?
This wol	20a. EXTERNAL CAUSE WAS / 20b. DESCRIBE HOW INJURY OCCURED. (Enlar nature of injury in and 1 or Pert (1 of item 18.)
ER: Me sho rial,	20s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING COURSE HOW INJURY OCCURED. [Enter nature of Injury in art I or Pert II of item 18.] CAUSE OF DEATH.
MIN Chief See 3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stele) Hour e.m. While Not While fectory, street, office bidg., etc.)
XXXI be, w the or to	Hour e.m. While Nol While tectory, street, office bldg., etc.)
In Pri	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
SE Cert	death resulted from: Natural causes X Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER .
forwar forwar L DIR sted ag	ACTUAL ACTIVAL EVALUATED ACCUSTANT MEDICAL EVALUATED TO DETE SEGRED
POTY executed and be f NERAL designed	SIGNATURE M.D DEPUTY MEDICAL EXAMINER & 3-0 62
DEPOTY sease execute should be fo should be for should be fo	NAME (Type) /- KANK J. 1540 S Chalt Address (Street, city, lown, or county)
DEP please 4 shoul O FUN or its d	REMOVAL (Spacify)
ñ ñ	Bureal May 12-62 Forest Lawn Ceneley Cickmond Va., 23. FUNERAL DIRECTOR 240. REGISTRAR 240. REGISTRAR'S SIGNATURE
VS. A1SME 5M 9/60	SIMMONS BROS. WASHINGTON D. L. DATEMAR 12'62



Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edm ssion) a. COUNTY irector, Page your files, rd of Health, b. COUNTY MARYLAND Montgomery b. CITY OR TOWN (if outside corporeta limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town) Bethesda Washington d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give streat address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Suburban Morrison St 3. NAME OF F-rs+ Midde DECEASED OF (Type or print) DEATH 1962 IF UNDER TYEAR, IF UNDER 24 HRS. 6. COLOR OR RACE AGF (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRYH lest Matheday) Months Days WIDOWED ! 1896 10e. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 1t. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life/even if stired) Alabama pages 1 13. FATHER NAME 14. MOTHER'S MAIDEN NAME F. 10 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. Addres [Yes, no, or unkown) ! (If yes give we rordetes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] along PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 101 Margarette Mangarette Dila "pending" in pend examiner's Office a used as a burial-trition, or removal, a DUE TO Conditions, if eny, which (b) gave rise to immediate cause s word "pen-edical Examiner's could be used as DUE TO (e), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1 01 19. WAS AUTOPSY PERFORMED? NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Iem 18) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. hief le 3 buri 20c. TIME OF INJURY Month, Day Year | 20d, INJURY OCCURRED | 20s PLACE OF INJURY (Home, ferm, | 20f, (City or lown) (County) (Stete) factory, street, office bldg., etc.) Not While While et work et work 21. I certify that I took charge of the remains described above, he d an Autopsy 🔀 Inspection Inquiry and in my opinion lease execute the certific should be forwarded to FUNERAL DIRECTO death resulted from Natural causes Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE _ March 14. 1962 DEPUTY MEDICAL EXAMINER (X) **EXAMINER'S** Dr. Frank Broschart NAME (Type) Address (Street, city, town or county) DEP 22c. NAME OF CEMETERY OR CREMATORY 220 BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) (State) <u>9</u>40 246. REC'D BY REGISTRAR 1/245. REG STRAR'S SIGNATURE VS. AISME i'ms & Thurs 5M 9 60

STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) a. COUNTY b. COUNTY Mont. Montgomery Maryland MARYLAND b. C.TY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end a ve neerest town) e LENGTH OF STAY IN 1b write RURAL and give nearest town) Bethesda Bethesda filled in Pages d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Suburban River Rd. YES NO completely 3. NAME OF Middle Month DECEASED OF DEATH (Type or print) Hall Lewis March 22. 1962 and con 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthday) Months Colored Male WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work attending physician Then please remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Truck driver Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Nathan Hall Rachael Thompson 15. WAS DECEASED EVER IN U.S., ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((If yes give wer or detes of service) eva same as above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH Subarachnoidal hemorrhage, right PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Kuptured cerebral aneurysm, middle ee-Conditions, if eny, which gave rise to immediate cause DUE TO rebral artery, right (e), stating the underlying PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.), 19. WAS AUTOPSY PEREORMED? 20a ACCIDENT WAS JNDERLY NG _ | 20b. DESCR.BE HOW INJURY OCCURED. (Enter nature of injury in Part I of Part II of Idem 18.) OR CONTRIBUTING CAUSE OF DEATH (County) 20d. INJURY OCCURRED: 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., atc.) Nol While While OR: Aft Hour e.m. et work at work 21. | certify that (I) (th's hospital) attended the deceased from Alarche Should b 62, and that death occurred at 2.AM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 226. SIGNATURE ATTENDING SIGNED PHYS FUNERAL 22 - PHTSICIAN'S 22d. ADDRESS NAME (Type) Dr. John Lork 23c. NAME OF CEMETERY OR CREMATORY CREMATIONA 2364 DATE THEREOF 23d. LOCATION [City, town or county] (State) Ebnezer Church. Centerville, Md. TO 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) Rockville, Mi. William S. Thouse Snowden.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution) Ras dence before admission) a. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 18 c. CITY OR TOWN (if ourside corporate limits, write RURAL and give neglect lown) d. NAME OF OR INSTITUTION (if not in hospital, give street/address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES [NO L 3. NAME OF Middle DATE DECEASED OF the (Type or print) DEATH age 5 may be 1 and 2 with 174 hours afte 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. NEV MARRIED DATE OF BIRTH AGE (In years lest birthday) Months WIDOWED 17 DIYORCED | KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or 12. CITIZEN OF WHAT COUNTRY? OTION 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Silver Spring, Md. on unkown) | (If yas give wer or detes of service Mrs.George R. Muschlitz, 104 Franklin Ave., 577-05-0631 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: oromary reclusion suclide. IMMEDIATE CAUSE (a) 'in pend Office a burial-tr **DUE TO** Conditions, if eny, which gave rise to immediate causa **DUE TO** (a), steting the undarlying PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of ilam 18.) PRIMARY | or CONTRIBUTING | vriting t Chref A age 3 s WEDICAL Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY (County) (Stote) fectory, street, office bldg., etc.) Not While While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry & and in my opinion 0 Surcide Homicide Undetermined manner death resulted from Natural causes | w Accident CHIEF MEDICAL EXAMINER should be forway FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 2 NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (State) REMOVAL (Specify) Prince George's County, Md. Fort Lincoln Cemetery 940 g Burial 1 24a. REC D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE YS, AISME Pumphrey, Inc., Silver Spring, Md. arthur & track DATE 5M 9;60

AND STATE DEPARTMENT OF HEALTH



à 1 àn	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND					
1 1	63493 CERTIFICATE OF DEATH	$\Omega \Omega A A C$				
草原	Item 9 Film G310 1/2762 mh	00410				
in the state of th	a. COUNTY:	ioni Kesidenca Delote admissioni				
a a com	MARYLAND b. CITY OR TOWN (It outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (It outside corporate limits, write RUR)	AL and give nearest town)				
24 n by	Bethes DA. MARYLAND 30 Mis- Alexandria	2 1				
affect of the safety of the sa	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospite, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
P. P.	RESMOR HOSPITAL 112. WALNUT ST.	YES HO				
utec	3. NAME OF First Middle Lest 4. DATE Month OF	Day Yeer				
omp ion in its	(Type or print) EOWARD AUGUSTUS HAMILTON DEATH MARCE 5. SEX 6. COLOR OR RACE 7 MADDIED FOREVED MADDIED TO 8. DATE OF BIRTH .90 AGE (In yours 1 IF UN	, , , , , , , , , , , , , , , , , , , ,				
bu og par graphon og sa	MARKIED NEVER MARKIED	ths Days Hours Min.				
an a servent,	106. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11 SIRVEPLACE (County & Stella, or (great country) 12	2. CITIZEN OF WHAT COUNTRY?				
ysici ysici yysici	TNEURANCE BACKER . NEW YORK, N.Y.	0.5.				
h ce is ar	13. FATHER'S NAME					
deat	WILLIAM HAMILTON POOLE	_				
the atter hen hen	15. WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no-got unknown) (Ifyes give wer or detes of sety ce)	SIST Maries				
that the the smov	TIB CAUSE OF DEATH [Enter only one ceuse per time for (a), (b), and (c).)	DS + S. G. MAS93DC				
ires siciar l by serm or re	PARTI DEATH WAS CAUSED BY, Congestive heart fathere	ONSET AND DEATH				
phys gned sit p	T 2 O (1 DUE TO	_				
aw ling in sin sin sin sin sin sin sin sin sin	Conditions, if any, which) (b) Asteriosclelerte hypertensiste here	J				
The I tend then then then then then then then then	geve rise to immediate causa (e), stating the underlying DUE TO Clinical					
N:] or at or at he b	couse lest. [c]	DADY I NA 10 WAS ALTONSY				
ital icate as t to t	Pour L Larture clue to Carta Johnson Selesato	PERFORMED?				
ASIC hosp certif use use	2Da. ACCIDENT WAS UNDERLYING 1 2Db. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part II or Part II of Item 18.)	I II III III				
書る書	2Da. ACCIDENT WAS UNDERLY NG 2Db. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part II of Item 18.) CR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)					
of the	ZOC. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Ierm, 20f. (City or town) Hour s.m. While Not While Not Whil	(County) (Stele)				
MDI Wined deta deta t. of	p.m. 19 af work at work					
Pe b C S S	21. I certify that (1) (My hospital) attended the deceased from March 2. J., 1962, to March 2. 4.					
in Figure 1	saw the deceased alive on	on the date stated above.				
He Sah	Mulicial of Structed M.D. ATTENDING MAD DIRECTOR PHYS.	Marker 1962				
RRAL Page 4 with t	22c PHYSICIAN'S	cha cana				
HOSPA Sth. Page FUNERA ector, pag filed with	10020 000 //4 //*	MAR SPAIRS HO				
HO Full Full Full Full Full Full Full Full	238. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown or REMQVAL (Specify) 210-4 (City) (City, fown or REMQVAL (Specify) 210-4 (City) (C	county) (Stata)				
D & G ig 2	BURIAL 3/27/62 ARAINGTO & NATIONAL APLACTON. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRA 25b. REGISTRA	AR'S SIGNATURE				
VR A15 (4) 15M 9/60	Convert Ruger 317 Com Cue S.E DATMAR 27'62 Cann	S. Firman				
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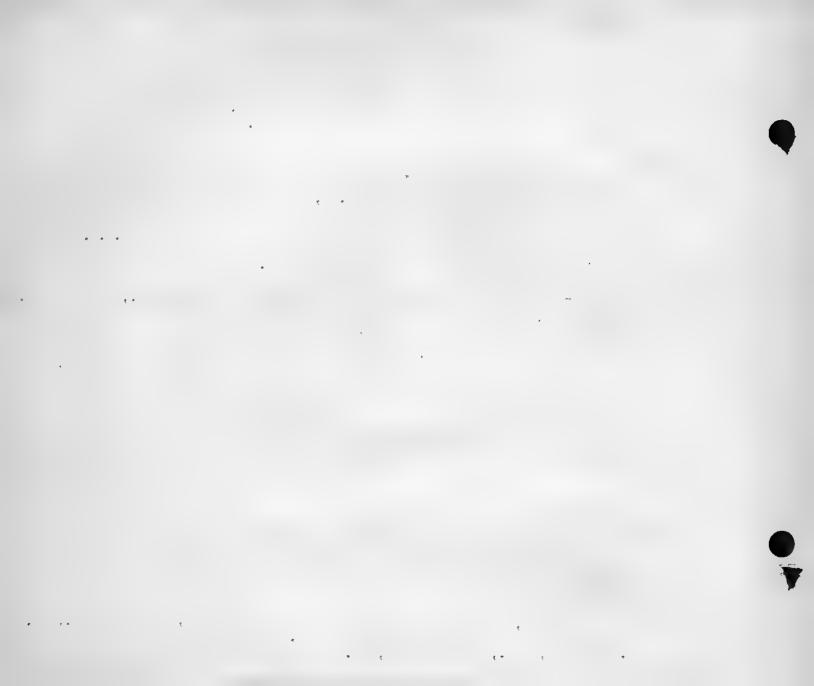
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03417

1	1. PLACE OF DEATH G. COUNTY OA	2. USUAL RESIDENCE (Where deceased lived If institution Residence	e before admission)						
	Montgomery MARYLAND	o. STATE Mary land b. COUNTY on to	omerv						
	b. City OR TOWN (If autside corporate timits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
	RURAL and give nearest fown)	Silver Paring							
n.	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e, IS RESIDENCE						
Ú	OR INSTITUTION (ON A FARM?						
	LeDeau Gardens	2/00 ////02/030 ///	YES NO						
	3 NAME OF First Middle	4. DATE Month	Day Year						
	(Type or print) VITGINIA C.	Harding DEATH March	12 1962						
	5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	English that had a second	YEAR IF UNDER 24 HRS						
	Female White WIDOWED DIVORCED	Dans 7, 1005 17 yrs. 2-	Days Haurs Min						
/	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if refired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY?						
	Housewife own home	Maryland U.	S.A.						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	George Henry Culver	Caroline D. Graf							
		NFORMANT Address							
	no VCVC none (Yes, no. or unknown) If yes, give wor or dotes of service)	nneth Culver,7206 Honeywell La.,B	ethesda, Md.						
	18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro	al Vascular Accident	2 10 65						
	DUE TO								
	Conditions, if any, which) (1)	tension	Hurc						
	gove rise to immediate	/ 21/3/01/	77.3						
	cause (a), stating the under-	1000/1000	Ture						
		10SC/erosis	1 / 7 / 3						
}	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?						
-	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		YES NO						
	200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Port I or Parl II of Item 18.)							
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	3 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PL	ACE OF INJURY (Home form, 20f. (City or town) (C	aunty) (State)						
	Hour om. While Not while	actory street, affice bldg , etc)	,,						
	21 I certify that (I) (this-hespital) attended the deceased from	June 1960, to Mar 12, 196							
	saw the deceased alive an Mar 12 1962, and that of	death accurred at 300M, from the causes and an the	date stated above						
	220 SIGNATURE	2 /	22b DATE						
	John Lawrence (Wery	M.D PHYS. MED DIRECTOR PHYS D	7-69-						
	22c PHYSICIAN'S	22d ADDRESS	44.1						
	NAME (type) John Lawrence Avery M.	D. 10110 Georgia Ave., Silver Spr	ing Md.						
	23g BUR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY C	DR CREMATORY 23d LOCATION (City, town, or county)	(State)						
	REMOVAL (Specify)		, ,						
1	DULIAL								
1	24 FUNERAL DIRECTOR'S SIGNATURE Raymond (ADDRESS) 8434 G	eorgia Ava REC'D BY REGISTRAR 256 REGISTRAR'S SIG	MATURE						
	TITE AND A SECOND TO THE SECOND SECON	M/G DITT							



1			MARYLAND STATE DEPARTMENT OF HEALTH	
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furer,	M		PLACE OF DEATH a. COUNTY Manyland 2. USUAL RESIDENCE (Where decessed I ved, H Institutions R b. COUNTY Non Manyland Manyland	sidenca before edmiss on
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o exe nd com rbon p within		<u> </u>	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1'	- · · · · · · · · · · · · · · · · · · ·
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aw required physical			Conditions, if only, which (b) Cerebral arteriosclerosis	484.15
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CTOR Id be			21. I certify that (I) (this hospital) attended the deceased from 1946 to 1945 to 1945, 1945 saw the deceased alive on 1947, 2 1942, and that death occurred at 1947, from the causes and on the causes are caused to the causes and on the causes are caused to the causes and on the causes are caused to the cause of the cause of the causes are caused to the cause of the ca	
DIRE 3 shou			220. SIGNATURE Cuhal Q. Yales M.S. M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 3	1/2/62 DATE SIGNER
Page NERAI	1		22c. PHYSICIAN'S NAME (Type) Richard A- MATES 22d. ADDRESS OLNEY, Md.	
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VR A15 (4) 15M 9/60	Ch	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Laytonsville, Md. 250. REC'D BY REGISTRAR 256. REGISTRAR'S S DATE 250. REC'D BY REGISTRAR 256. REGISTRAR'S S C. When I	



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MARYLAND STATE DEPARTMENT OF HEALTH





CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND <u>Montgomery</u> b. CITY OR TOWN (if outside corporate lim ts, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) NOTASNC filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS a. IS RESIDENCE ON A FARMI YES NO completely 3. NAME OF Month DECEASED (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED SEX 8. DATE OF BIRTH 9. AGE (In yeers NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months DIVORCED attending physician Then please remove 10e. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Housewife
13. FATHER'S NAME USA Marvland 14. MOTHER'S MAIDEN NAME .5 Clara Adams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) | (If yes give were or detec of service) Yes Address Unknown Mrs. Anne Lindsav-Daughter-same 2d 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MEDIATE CAUSE (e) DUE TO Conditions, if eny, which gava rise to immadiate cause **DUE TO** (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS AUTOPSY **PERFORMED?** 4 perterion 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. Water nature of injury in Part I or Part II of item 18.) CERTIFI MEDICAL 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Homa, farm, ! 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stata) factory, street, offica bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hespital) attended the deceased from 190 10 © 31 1962, and that death occured at 1.1.2M, from the causes and on the date stated above. saw the deceased alive on.... 220. 5 GNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. FUNERAL page with t 22c. PH 22d. ADDRESS NNON 238. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) EMOVAL (Specify) & FO Hyattstown, Maryland Hvattstown Ch. Cem. **ADDRESS** 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Orthur S. Hise Robert A. Pumphrey, Bethesda, Maryland 15M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH
STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

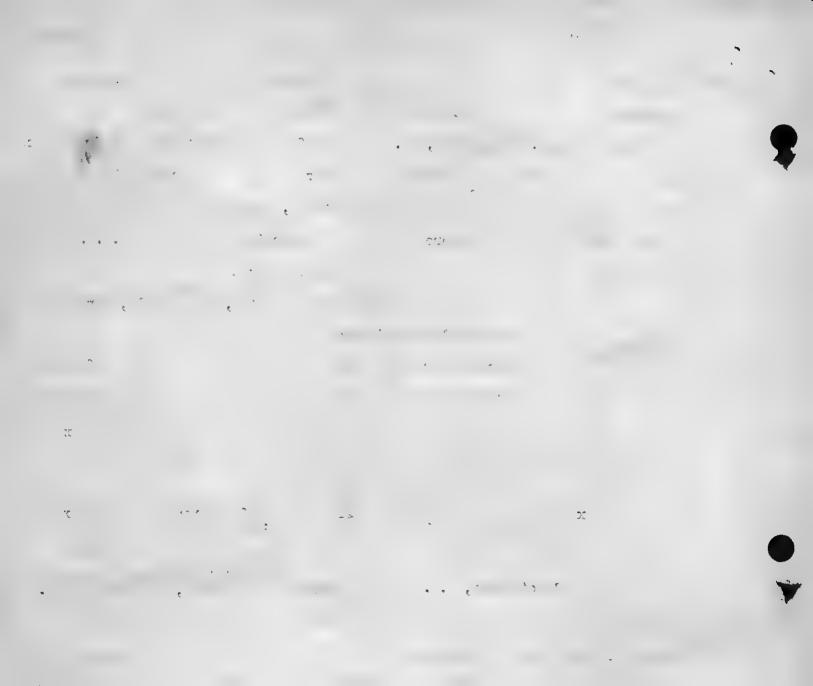
RYLAND STATE DEPARTMENT OF HEALTH

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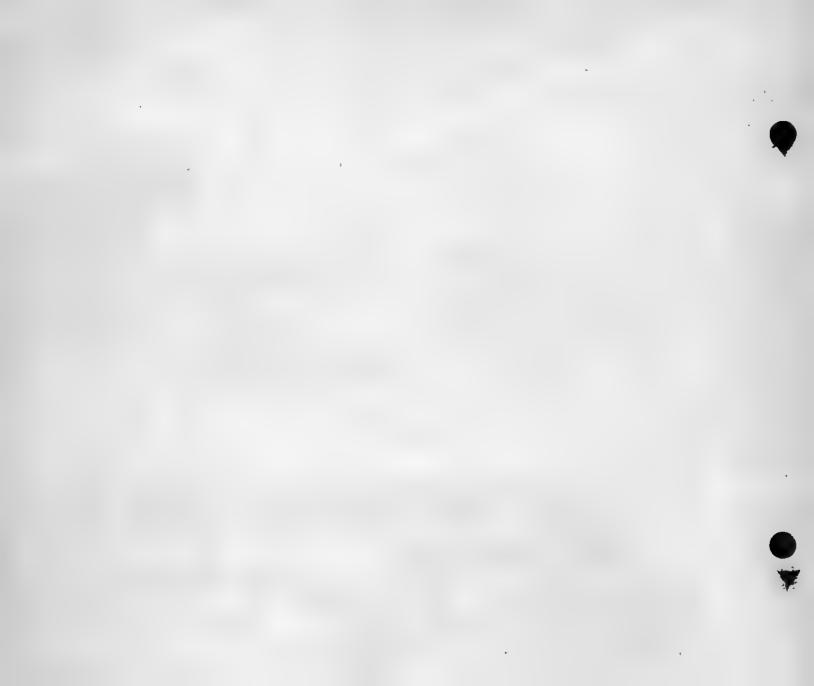


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HOZ sath. t FUNI rector,		23e. BURIAL, CR REMOVAL [5]	EMATION, 23b. DATE		C. NAME OF CEMETERY			and, Mary	
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED (Type or print) DEATH and cor carbon at, within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Deys Months ! WIDOWED 10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, eyan if retired) 13. FATHER'SINAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT [Yes, no, or unkown] | (If yes give we ror detes of service 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which [b) pave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Part I or Part II of item 18.) 2008. ACCIDENT WAS UNDERLYING L. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 (Stete) Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m. 21. I certify that (I) (this pospital) attended the deceased from 3-10 19....., that (I) (we) last saw the deceased alive 22a. SIGNATIVE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. 22c. -HYS.C 22d. ADDRESS 23c. NAME OF CEMETERY OF CREMATORY 23a. CREMA LOCATION (City, town or county) (State) ÷<u>₽</u> % 10 UNERAL DIRECTOR'S SIGNATU 2Sb. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR VR A15 (4) 1SM 7/61 MAR 2 B '62 DATE Cit hour d.



Reg. Dist. No 03424 CERTIFICATE OF DEATH 03431 eral director. be filed with o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 6. COUNTY MARYLAND 'ontgomery Montgomerv b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 200 Wheaton Wheaton d NAME OF HOSPITAL (If not in hospitot, give street oddress)
OR INSTITUTION
2502 Arcola Ave. d STREET ADDRESS e. IS RESIDENCE ON A FARM? 2502 Arcola YES | NO | Ave. NAME OF 4. DATE First Middle Lost Month Day Year DECEASED OF DEATH CHAPLIE HI GDOM March 30 LOUISE (Type or print) 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Female WIDOWED [7] DIVORCED | Oct.7.1906 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Vousewife Tenn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louise Rice George Nelson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT Address Rockville . Ma. irs. Dorothy Anne Laney. 703 Fletcher Place 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: PSEUDO MUCINIOUS CARCINONA IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NONE YES TO NO DX 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Dov. Year 20f (City or town) (County) (Stole) factory, street, office bldg., etc.) While Not while of work of work 1962 to MAR. 30, 1962 shat I last saw the deceased 21. I certify that I attended the deceased from... , and that death occurred at 7100PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL should PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) MALAL **FUNERAL DIRECTOR'S SIGNATURE** 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA Y5 A15 (4) 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm ssion) I. PLACE OF DEATH a. COUNTY b. COUNTY liaryland Muntgomery MARYLAND Prince Georges b. CITY OR TOWN (if outs de corporate limits, c. CITY OR TOWN (If outside corporata l'mits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town! Bethes 'n Hyattsville, e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? The C'inical Center, Dethesda 14, 111. 07 - 70th Place, Justlews YES NO IX 3. NAME OF DECEASED OF (Type or print) DEATH William (" mid " e name) 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. lest birthdey) [Months] Days W.DOWED DIVORCED 12, CITIZEN OF WHAT COUNTRY? 100. USUAL OCCUPATION (Give kind of work | 10 . KIND OF BUSINESS OR NOUSTRY 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Central Office Repairman Telephone Company Wrshington, D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruth Kuhnert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT The Medical Records (Yes, no, or unkown) | (If yes give we ror detes of service) The Clirical Center, Betheau 14, Marylan 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PARY I. DEATH WAS CAUSED BY: H otension 15 hours IMMEDIATE CAUSE (a) DUE TO 6 days Bronchopneumonia and tecemia gave rise to immediate cause DUE TO (e), stating the underlying Acute leukemia PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED? K NO F 2Db. DESCRIBE HOW NURY OCCURED. (Enter neture of injury in Pert I or Pert II of tem 18.) 206. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING CAUSE OF DEATH (Stela) 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or lown) (County) fectory, street, office bldg., etc.) Hour a.m. et work et work 21. I certify that (IX (this hospital) attended the deceased from January 23..., 1962 to Larch 16., 1962, that (I) (we) last saw the deceased alive on. Narch 16. 19.6., and that death occured and 19. Arom the causes and on the date stated above. 22b. DATE 22#. SIGNATURE 1962 ATTENDING evin M. PHYS. 22c. PHYSICIANS Clinical NAME (Type of Herlth, Dethes 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMAJORY 23e, BURIAL, CREMATION | 236. DATE THEREOF BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4 VR A15 (4) un S. Trans 15M 9/60

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STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03433 CERTIFICATE OF DEATH Reg. Dist. No. 342 director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE filed b. COUNTY MARYLAND funeral CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) þ RURAL and give nearest town) shauld d. NAME OF HOSPITAL (If not in haspital, give street address)
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LAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USURI, RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Montgomery, os MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give neerest town) Washington - District of Columbia 4 rural Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? LeDeau 1900 F. Street, N. W., apt. YES NO TH completely 3. NAME OF Middle Firet DECEASED DEATH (Type or print) SELDEN GRANT 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In yeers (IF UNDER I YEAR 5. SEX IF UNDER 24 HRS. and last birthdey) Months July 5, 99 1862 WIDOWED TO D VORCED 1De. USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? 106, KIND OF BUSINESS OR INDUSTRY . 11 & Stele, or foreign country) done during most of working life, even if retired) **USA** retired - Board of Appeals-Cayally 71 Castle Rock, Wis. Civil Service Commission 14. MOTHER'S MAIDEN NAME Jacob Hopkins not known 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) mPhilip S. Hopkins, 3900 16th St., none IB. CAUSE OF DEATH [finter only one cause per Washington, D.C. ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which gave rise to immediate cause **DUE TO** (e), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REMAJED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? . ACCIDENT WAS JNDERLY NG 20b. DESCR BE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part of Item 18. OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) [County] (State) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour e.m. at work al work Se retain CTOR: 21. I certify that (I) (this headed) attended the deceased from . saw the deceased alive on.. 22b. DATE 22e. SIGNATUR SIGNED ATTENDING DIRECTOR PHY5. PHYS. FUNERAL ADDRESS 22c. PHYS CIAN 228 rector, p 23s. BURIAL, CREMATION. 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City fown or county) (Stete) REMOVAL (Specify) April 2, 1962 0 % % National Memorial Park Fairfax County, Virginia burial 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE meral Home, Inc. VR A15 (4) 15M 9/60 2847 Wilson Blvd., Arlington, VAL APR 3 Chatlan & Henry

death certificate be executed

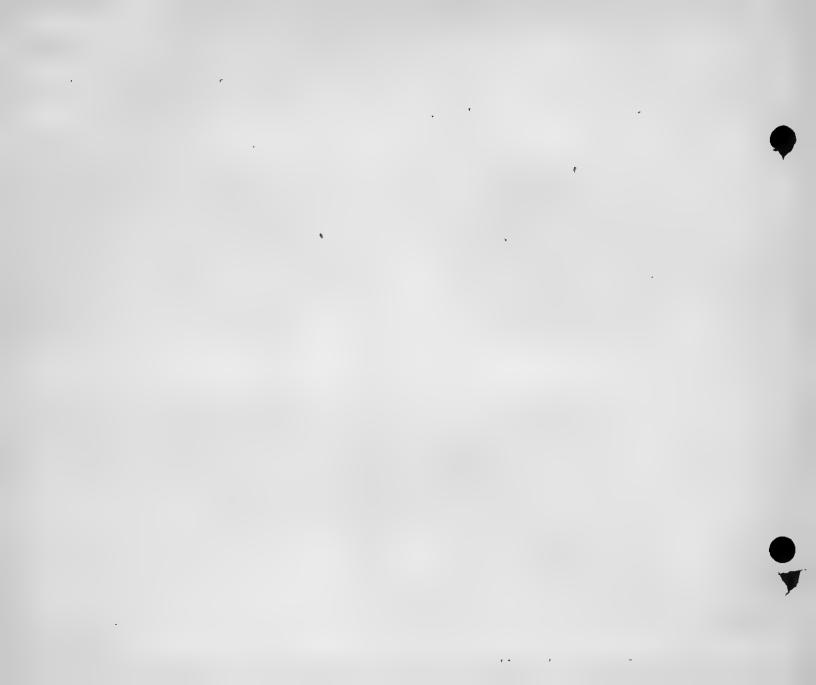
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution; Residence before admission) e. COUNTY b. COUNTY director. Page or your fles. b. C.TY OR TOWN if outs de corporeta limits. MARYLAND c. LENGTH OF STAY IN 16 RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (f not in hospital, g ve streat address) a. IS RESIDENCE ON A FARM? a Hospital YES NO DECEASED (Type or print) 19 62 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months DIYORCED 12. CITIZEN OF WHAT COUNTRY? 16. SOCIAL SECURITY NO. | 17 WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, ne, or unkown) | (Ifyes give wer or detas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) redal DUE TO Ē Conditions, il any, which gave rise to immediate cause DUE TO (a), staling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 at 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X Ф 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | age 2 20c. TIME OF NIJRY [20d, INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, ! 20f, (City or town) Month, Day, Year (County) (Steta) factory, street, office bidg., etc.) While Not While Hour a.m. at work at work 21 I certify that I took charge of the remains described above, held an Autopsy | Inspection Inquiry X and in my opinion forwarded L DIRECT Natural causes 🔀 Suicide Undetermined manner death resulted from. Accident Hamicide CHIEF MED CAL EXAM NER ASSISTANT MEDICAL EXAMINER should be for PUNERAL I DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 1 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify)
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Cate, the Correction of the Co			21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
民権の計画			death resulted from: Natural causes (X) Accident . Suicide . Homicide . Undetermined manner
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VS. A15ME		_	FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE
5M 9/60		-27	Robert A. Pumphrey, Bethesda, Maryland DATE WAR 27'62 Linux S. Kinux



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution, Ras dence belora admission) a. COUNTY **b.** COUNTY b. CITY OR TOWN (If outs da con LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (fing) in hospital, give straal admrass) ON A FARM? M ON completely 3 NAME OF DECEASED and composer par DEATH (Typa or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX DATE OF BURTH last birthday) Months WIDOWED [7] DIVORCED PRITHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Giva kind of work IDS. KIND OF BUSINESS OF INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working I.a, evan (fraired) 13. FATHER'S NAME WAS DECEASED EVER IN J.S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT (Yas, no. or unknown) I (If yas giva war or dates of service 18. CAUSE OF DEATH [Enter only one causa par line for (a), (b), and (c)] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, gava rise to immediata cause (a), stating the underlying PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO L 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY O CCURED. (Enter nature of injury 'n Part I or Part I of Itam 18) OR CONTRIBUTING [CAUSE OF DEATH 2Dd. INJURY OCCURRED : 20c. PLACE OF INJURY (Home, farm, 2Df. (City or lown) (County) (State) 2De. TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.) ! Whila Not While Hour a.m. at work al work p.m. 21. I certify that (I) (this hospital) attended the deceased from . Manual ... 1962 to Y 1962 that (I) (we) last 19 and that death occured at M. from the causes and on the date stated above saw the deceased alive on... 22b. DATE 22a. SIGNATURE 5 GNED M.D. PHYS. DIRECTOR FUNERAL 22d ADDRESS 22c. PHYSICIAN'S 23d. LOCATION (City, lown or county) 23a. BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Ritchburg. Worcester Co. Mass. 2-17-62 Forrest Hill Cemetery Q F S ASDRESS 8434Georgia AMBA, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE YR A15 (4) Warner E. Pumphrey, Inc., Silver Spring, Maryland DATE MAR 1 9 '62 15M 9/60



RYLAND STATE DEPARTMENT OF HEALTH TISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edm ssion) A. COUNTY b. COUNTY Montgomery MARYLAND Maruland Manit gomery b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) atoma d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? San+ 80 8 W YES NO 3. NAME OF DATE Month Year DECEASED OF Max well David (Type or print) DEATH 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER I YEAR) IF UNDER 24 HRS pue last birthday) WIDOWED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BRIHPLACE (County & State, or fore an country) | 12, CITIZEN OF WHAT COUNTRY! done during most of working Irle, even if retired) wito - dara de auto mechanic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elsle (does not remember ohn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Citindsau. (Yes, no, or unkown) [(Ifyes give we ror detes of service) records. ues WW 2- army ending physician. been signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (s), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19, WAS AUTOPSY PERFORMED? NO F 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in 1994 1 of Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f, (City or town) (County) (State) factory, street, office bldg., etc.) Hour e.m. While Not While al work el work p.m. 21 | certify that (I) (this hospital) attended the deceased from Machan 1904 to Mid tech 36, 1964 that (I) (we) last saw the deceased alive on the date stated above, and that death occured at Lamb, from the causes and on the date stated above. 22= SIGNATURE 22b. DATE ATTENDING PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS 23a BUR.AL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOTEATION (City, town or county) (State) 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 Ciriling S. Thomas



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		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0341	
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15M 9/60	20:	Robert L. Drawden Rockville, MAR 30'62 Unday & thomas	



n^ 1	Items 20, Film 309 3-21 MARYEAND STATE DEPARTMENT OF HEALTH
2	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03434
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P. P. B.	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1,0 19. WAS AUTOPSY PERFORMED? FOUND dead in an unheated tool sh d at home. YES NO DESCRIBE HOW INJURY OCCURED (Enformature of injury in Part 1 or Par
Woo woo dica	20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I of Item 18.)
Show al	PRIMARY OF CONTRIBUTING CONTRIB
ief ing	
E POR 1	Hour e.m. Whi e Not While C lectory, street, office bldg. etc.)
in the factor of	
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
T SO DE	death resulted from Natural causes Accident A, Suicide . Homicide . Undetermined manner
War d	CHIEF MEDICAL EXAMINER
Te for a stee v	SIGNATURE Trand & Brocket MD ASSISTANT MEDICAL EXAMINER (DATE SIGNED
Professional	EXAMINER'S DEPUTY MEDICAL EXAMINER \$ 3-2-62
EFU C e execute buld be fo INERAL designate	NAME (Type) Frank J. Broschart Address (Street, city, town, or county)
PEP ease shoul Frun its d	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Siete) BEENOVAL (Specify) 3/4/62 Sandy Spring South Spring Sprin
5 g 4 5 g	, ostity of the
VS. AISME	23. FUNERADIRECTOR Lander Rockville, Mi. 240. REGISTRAR 24b. REGISTRAR'S SIGNATURE
SM 9 60 8	Copiet Ni Survelle DATE 7'62 7'62
3)	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If Institutions Residence before edmission) a. COUNTY MUNIGOM MERVIAND b CITY OR TOWN (if outside corporate I mits c. CITY OR TOWN (If outs de corporata limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 write RURAL end give neerest lown) Bethesda Bethesda e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS ON A FARM? 4949 Battery Lane Battery Lane YES NO DE NAME OF Middle DECEASED MARLL DEATH 19 6 2 (Typa or print) LUAL DEMAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF JNDER | YEAR | IF UNDER 24 HRS. last birthdey) Months Deys Oct. 6. 1886 Male WIDOWED [D VORCED TOB. JSUAL OCCUPATION (Give kind of work , 10b, KIND OF BUSINESS OR INDUSTRY, 11, PRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Shipping - Steam Ship Copenhagen. Denmark Naturalized. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Waldemar Jensen Hansine Jensen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordetes ofservice) Same as Item 2. Johanna Jensen 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYOCARDIAL FAILURE WITH INFARCTION 2 HCJ. IMMEDIATE CAUSE (e) **DUE TO** GENERALIZED ARTERIOSCLEROSIS + ARTECIOSCLEROTA ZYRS. geva risa to immadiata cause (a), steting the underlying ITERET DIEGE QUARRIPLEGIC PAST 49 ONE, RESULT CUM THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? CORD INVURY 20a. ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Port II of Itam 18) OR CONTRIBUTING CAUSE OF DEATH | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stelle) 2Dc. TIME OF INJURY Month, Day, Year factory, straet, office bldg., etc.) Not While Hour a.m. While et work et work 21. I certify that (I) (this hospital) attended the deceased from . V. L.4. 1950 to MAR 29, 1962 that (1) (we) last ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 1835 EGE ST. N.W. 23d, LOCATION (City, town or county) 23a, BURIAL, CREMATION | 23b. DATE THEREOF Cremation दै हैं 0 है Prince George Co., Md. Ft.Lincoln Crematory

Bethesda. Md.

VR A15 (4) 15M 9/60

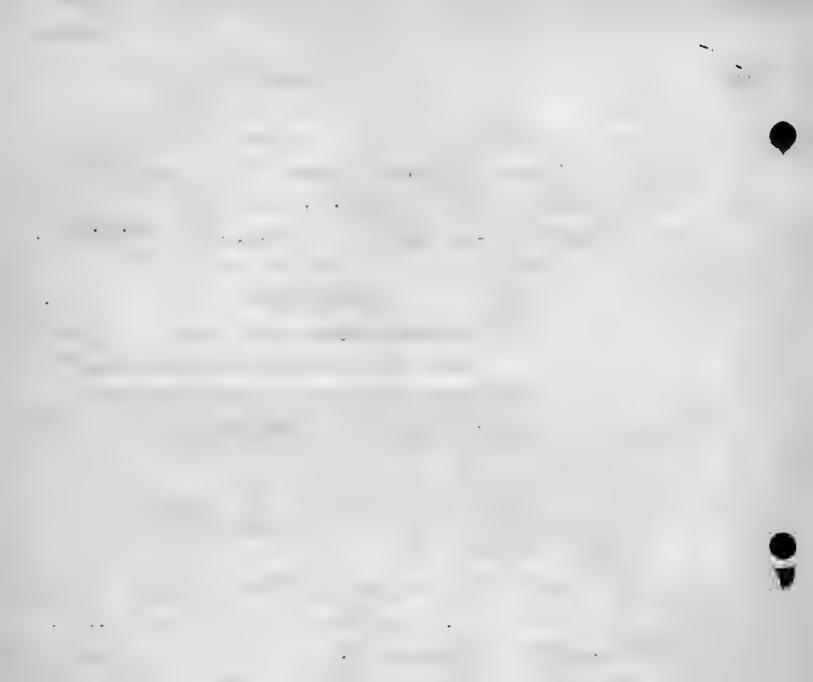
ROBERT A. PUMPHREY

24 FUNERAL DIRECTOR'S SIGNATURE

256 REC'D BY REGISTRAR , 256. REGISTRAR'S SIGNATURE ADDRESS

DATE MAR 2 3 162

arthur S. Kines



hours after



DIVISION OF STATISTICAL PESSARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03445 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if Institutions Residence before edmission) e. COUNTY **b.** COUNTY Essex MARYLAND E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURA), and give necrest town) OR INSTITUTION (if not in hospitel, give street address) e. IS RESIDENCE ON A FARM? YES NO NO NAME OF Month DECEASED (Type or print) DEATH 9. AGE (In years | IF UNDER I YEAR 6. COLOR OR RACE IF UNDER 24 HRS. VEVER MARRIED st buthday) Months Hours WIDOWED DIVORCED 10s. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11 foreign country) done during most of working life, even if retired) Own & home 13. FATHER S NAME (Yes, no, or unkown) (If yes give war or detes of service) None None 18. CAUSE OF DEATH [Enter only one cause per line for [at], (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 MIN Conditions. **DUE TO** (e), staling the underlying cause last. PART I OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY NOL PERFORMED? NO CERTIFICA 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of 'njury in Perf | or Perf v, of item 18.) (AF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2De, PLACE OF INJURY (Home, form, 201, (City or fown) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED (State) lectory, street, office bldg., etc.) While Not While Hour e.m. at work at work 1962 106 188 05 196 K that (1) (we) last 1962 and that death occured at 75 M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 220 SIGNATURE 5 GNED ATTENDING 7 May 146 DIRECTOR M D 22c. PHYSIC AN'S 19602 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (Stele) Fredericksburg Spottsylvania REMOVAL (Specify) å å o ë Oak Hill Cemetery Burial REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE April 8434 Georgia AVE VR A15 (4) 15M 7 61 9 '62 DATE MAR Maryland arthur & House

STATE DEPARTMENT OF HEALTH



1 1		1	MARYLAND STATE DEPARTMENT OF HEALTH	
1.4			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	ORE 1, MARYLAND
\$ @P/		1 =	03446 CERTIFICATE OF DEATH	03439
affe uner houl	M	} 1	PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY	
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24 1 an			BETHESDA 23d Zys 36BETHESDA (WE	(THALLENC)
affe	74		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edd ess)	a. IS RESIDENCE
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utez plete pper		1	NAME OF First Middle Last 4. D. Month DECEASED OF	h Day Yeer
omp din p			(Type or print) MOII E JUMP DEATH MA SEX 16. COLON UN RACE TY MADDIED TO NEVED MADDIED TO 1 8. DATE OF BIRTH 19. AGE (In years	R 12 1962
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ysicia ysicia		do	CLERICAL U.S. LOVR BALTIMORE. Md	U. J.A.
h ce phy se re		13.	FATHER'S NAME	
ding	1	15	SAMUEL ADAMS ELICKNER TANE REED	
the atten		15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT as, no, or unknown) ((figes give we rordet as of service)	
hat the			, , , , , , , , , , , , , , , , , , , ,	PADOVIE
ician by brmire	: יינ		18. CRUSE OF DEATH Enter only one cause per line for (a), (b), end (c), PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
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ing properties	6		Conditions, if any, which (b) LIENERAL DETERIOATION	
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PHY he he his c sis c for	7	CERTIFICATION	OR CONTRIBUTING _ CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) DT LET HAT HAME	
See See	q		20c TIME OF INJURY, Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, ; 20f. (City or town)	(County, (State)
Aff Aff Setac	Ģ.		Hour a.m. 12 FEB1462 While Not While factory, street, office bldg., etc.) WEST HAVEN	MONT. Md
TEN retail	. 4	5	21. I certify that (I) (this hospital) attended the deceased from 15 FEB., 19.6.2-to 10.7/16	
F S I B S	5	1	saw, the deceased alive on 9.114. 19.6. 2 and that death occured at 3.7. M, from the causes	
oks o	2		220 ASNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE
9 c			22c. PHYS CLIAN'S DIRECTOR PHYS. 22d. ADDRESS 22d. ADDRESS	12 /m 62
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HO.	5		B. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, to	wn or county) (State)
0.45.47			burkal 3/14/62 Loudon Park Cemetery Baltimore	
VR A15 (4)	~	24	FUNERAL DIRECTOR'S SIGNATURE The S. H. Hines Company 2901 14th St. N.W. MAR 1 4 '62	GISTRAR S SIGNATURE
TSM 7/61	D	,	Washington 9, D.C.	Cooper 2, round
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physician

attending

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VR A15 (4) 1SM 7/61

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BYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institution; Residence before admission) a. COUNTY b. COUNTY Montgomery Maryland MARYLAND Montgomery b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c LENGTH OF STAY IN 16 write RURAs, and give nearest fown. Bethesda 3 days Kensington, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? The Clinical Center, Bethesda 14, Md. YES NO X 10604 Wheatley Street 3. NAME OF DECEASED OF (Type or print) DEATH Herbert (No middle name) Kahler March 29, 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE III VEETS LIF UNDER 1 YEAR 1 F UNDER 24 HRS. last b'rthdey) | Months | Deys 20 December 1896 DIVORCED T WIDOWED T Male 10a. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE County & State, or foreign country) 1 12, C TIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Bio. Physicist & P.H.D. Federal Government U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lena Dunlap Orange Kahler 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record. (Yes, no, or unkown), (if yas give war or detes of service) The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH IMMEDIATE CAUSE (a) Chronic Lymphatic Leukemia years DUE TO hours ы Septicemia geve rise to immediate cause DUE TO (a), steting the undarlying Possible viral hepatitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? NO 200. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Idem 18, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stata) factory, street, office b dg., etc.) While Not While et work at work 21. I certify that (# (this hospital) attended the deceased from March 26 19.62 to March 29 ..., 1962, that (1) (we) last 22b. DATE 22s. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. X 22d. ADDRESS The Clinical Center, National 22c. PHYSICIAN'S NAME (Typa) Martin J. Cline, MD. Institutes of Health, Bethesda 1/4, Maryland 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Rockville Cemetery Rockville Maryland Bethesda, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Robert A. Pumphrey. VR A15 (4) 15M 9/60 Calley & House DATE APR



10	MARYLAND STATE DEPARTMENT OF HEALTH						
- Tab	OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM CERTIFICATE OF DEATH	03442					
4 hours after by the funeral and 2 should death.	1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN (if outside corporate I mits, write-RURA) end give nearest town) c. LENGTH OF STAY IN 3b c. CITY OR TOWN (if outside corporate i mits, write-RURA) end give nearest town)	Mont. Co.					
Pages 1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) Suburban Loss Cabin address d. STREET ADDRESS Loss To The first address.	IS RESIDENCE ON A FARM? YES NO					
and completely carbon papers.	DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. Land	The state of the s					
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t the death s attending Then pleas oval, and in	George Tane HUN'e Beh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes giva wer or dates of service) 578-70-516/ACCLEEN- Kearney C	Rens					
equires that shain and by the sit permit on, or remo	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), [b), end (c),] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO	INTERVAL BETWEEN ONSET AND DEATH					
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ITEN FRECTOR: Should be d State Dept.	21. I certify that (1) (this hospital) attended the deceased from. 1952 to 3/152 to	, 196 , that (I) (we) last ses and on the date stated above.					
death, Page 4 n Co FUNERAL Dil director, page 3 sh be filed with the 5	22c. PHYSICIAN'S NAME (Type) W. L. JOYCE SIGE MAPLE RIDGE	RD. BETHESDA, MD.					
TO HOSS	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMERATORY 23d. LOCATION (CIR REMOVAL (Specify 3-12-62 MT CILLE COMMENT) 23d. LOCATION (CIR REMOVAL (Specify 3-12-62 MT CILLE) COMMENT 23d. LOCATION (CIR REMOVAL (Specify 3-12-62 MT CILLE) COMMENT 23d. LOCATION (CIR REMOVAL (Specify 3-12-62 MT CILLE) COMMENT 23d. LOCATION (CIR REMOVAL (Specify 3-12-62 MT CILLE) COMMENT 23d. LOCATION (CIR REMOVAL (Specify 3-12-62 MT CILLE) CILLED (CIRCLE) (CIRCLE) COMMENT 23d. LOCATION (CIR REMOVAL (Specify 3-12-62 MT CILLED (CIRCLE) CILLED (CIRCLE) (CIRCLED (lesing 1001 166, REGISTRAN'S SIGNATURE					
15M 9/60 .	Francis Collinsby & Work, D. C. MART 1 2'62	- Almo S. Krassin					



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03450 **CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) DO CTATE WARY E-AND -- b. COUNTY MENTSOMER MONTGOMERY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) days WASHINGTON 2 shauld THESDA d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? 416 Holly St NW, SUBUR BAN HO5/17:46 YES NO Middle DECEASED OF DEATH GLANCHLE (Type or print) 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) 5. SEX IF UNDER I YEAR IF UNDER 24 HRS Months DIVORCED | WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own home-11.S.A. HOUSEWIKE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1 McCaskey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Harve Na None 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: WAYO CARDIAL INFARCTION 2 WKS. DUE TO IN ARTERIOSCIEROTIC HEART DISEASE Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO K 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour p. m. Not while of work of work p. m. 21. I certify that I attended the deceased fram 3-10 . 19 6 7- ta 19 (and that death accurred at 8 20 alive an 3 -16 A.M. from the causes and an the date stated above ADDRESS (Street, city or town, state) 10511 Summitt Avenue ACTUAL SIGNATURE PHYSICIAN'S Richard Henry Pollen, M.D. Kensington, Manyland NAME (Type) 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Arlington National Cometery Arlington, Virginia 3-20-62 Burial 23. FUNERAL DIRECTOR'S SIGNATURE Kaymonn %ADDRESS 434 Georgia Ave 240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE

Warner E. Pumphrey, Inc. Siaver Spring, Maryland DATE MAR 2 0 '62

15M 10/57



10	5		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
৮ নিচ			GS451 CERTIFICATE OF DEATH	03444
funer shoul			PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased kived, if institution: a. STATE b. COUNTY	Residence balore admission)
4 hour by the and 2 death.	M	}	b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL an	d give neerest town)
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Page urs a	7+		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS 27735	ON A FARM? YES NO D
letely Pers. 72 ho		3.	NAME OF First Middle Last 4. DATE Month OF	Dey Year
exect compl n pa		<u> </u>	(Type or print) Thomas Spriggs Kelley DEATH March	25 1962 YEAR, IF UNDER 24 HRS
and carbo		J.	WAKOED WEATH WAKOED	Deys Hours Min,
ficate cian ove even		10a do		ZEN OF WHAT COUNTRY
certii physi e rem		13.	Retired Farmer Virginia	1 SA
death ding pleas	(I)		James Kelley IV Felicia Elizabeth	Springs
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that an. 7 the nit.]		~=	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
quires ysicia ed by perr			PART 1. DEATH WAS CAUSE (a) Cerebral Thrombosis	9 days.
w recting phonon in sign ransition			Conditions, if any, which DUE TO Cancer Prostate > Metastises	11 12 12
he la tendii beer urii			conditions, if eny, which give rise to immediate cause (e), stating the underlying DUE TO	7 years.
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by the feath		AL C	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Cou	anty] (Stele)
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TE TEST			21 I certify that (i) (this hospital) attended the deceased from	62, that (I) (we) last
A Pour Parent			saw the deceased alive on 3.1.5	the date stated above. 22b DATE
17 4 19 P			Lute S. Blumen 15th M.D. ATTENDING MED. STAFF PHYS.	SIGNED,
ERAL Page with I	1		22c. PHYSICIAN S NAME (Type) 22d. ADDRESS 53/5 CONN. AVE	A SH. D.C.
HOS eath. FUN rector.		230	1 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Town or country REMOVAL (Specify) & O.C. TOCO. REMOVAL (Specify) & O.C. TOCO. REMOVAL (Specify) & O.C. TOCO.	y) (State)
5.55.27		F	Removal (Specify) 3-26-1962 Rehoboth Cemetery Rehoboth, Va. Rehoboth Cemetery Rehoboth, Va. Appress 1756-7a acc 2001 256. REC'D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
VR AIS (4) 15M 7,61		24		S. Thomas
		-=		-



7 -	DIVISION	MA OF STATISTICAL R	ARYLAND STATE I	DEPARTMENT	OF HEALTH	NORE 1, MARYLAND
/		03452	CERTIFICA	TE OF DEAT		0344
	1. PLACE OF DEAT	H		2. USUAL RESIDE		institution: Residence before adm
	b, CITY OR TOWN	in term er	MARYLAND	Mary a		Montoonery ta RURAL and give rearest lown)
سے یہ	- Takoma	d give nearest town)	13 days	Silver S	pring 15	
W		ton San. & Hes		d. STREET ADDRESS	wood Ave.	e. IS RESIE ON A F
	3. NAME OF DECEASED	Earst	Midd a	Lost	4. DATE Mont	
	(Typa or print)	Harold	Leon	Kelly	DEATH May	ch 26 196
/	5. SEX Male	1 1 1 1 4 6	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9 AGE (In years last birthday) 69 yrs.	Months Days Hours
	10a. USUAL OCCUPA done during most of w	TION (G va kind of work 10 orking life, avan if ratired)	Ob. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Co.	unty & Stata, or foraign country	and the second second
	Retired Fee		U.S.Government	Michiga		U.S.a.
	13. FATHER'S NAME Charles	Wella		14. MOTHER'S MAIDER	1	
		VER IN U.S. ARMED FORCES?	A COCITA AT COMPANY AND A CAS	7	Lee	
	(Yas, ne, or unkown)	If yat give war or datas of servica)	16. SOCIAL SECURITY NO 17.		Addras	tve, TakomaPark
	NO 1 18. CAUSE OF	None	1000	sh. San. + Hosp	Carrell	I INTERVAL SETWE
		TH WAS CAUSED BY A	rcinonatosi	s, generaliz	ed TAIL OF PA	NCREAS LO MOUTO
	Condition if you	DUE TO				
	Conditions, if an	fiata causa				
	(a), stating that causa last.	andarlying Doe 10				
9	PART II. OTHE	R S GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GI	
d	Lobar	preumon	ria, with lys	drothorax		PERFORM YES H NO
	OR CONTRIBUTING	AS UNDERLYING 206 CAUSE OF DEATH	DESCR BE HOW INJURY OCCURE	D. (Entar natura of injury ii	n Part I or Part I of Itam 18.)	
	20c. TIME OF INJU			ACE OF INJURY (Home, factory, streat, offica bldg., e		(County) (Sta
			attended the deceased from		1050 in Mas. 2	
	saw the decea	ner in				and on the date stated a
	226 SIGNATURE	7 1	The same of the sa			22b. D
	John	n. audre	we	m D	MED STAFF PHYS.	3-27-62
/	PHYSIC AN S		drews	22d. ADDRESS G	60/ Colesur	ille Rd
	23a. BURIAL, CREMAT		23c. NAME OF CEMETERY		23d. LOCATION City, Id	
	Burial Specify	3-29-62				Pr.George'sMary
	24 FUNERAL DIRECTO	1 000/2///			EC'D BY REGISTRAR 25b. RI	
	Warner	E. Pumphred.	Inc. Silver Spri	ng. Md. DATM	IR 2 9 '62 Ch	Ilun S. Frank



13	Z	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
L 20	A	03453 CERTIFICATE OF DEATH 0.3446
24 hours after in by the funeral 1 and 2 should	M	1. PLACE OF DEATH a. COUNTY Montgomery b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Be the sda 2. USUAL RESIDENCE (Where deceased fived if institution; Residence before admiss or a. PLATE C. a. PLATE C. a. PLATE C. b. COUNTY c. CITY OR TOWN (if outside corporate is mits, write RURAL and give nearest town) Washington D.C. 4. T.X.
d completely fired in bon papers. Pages within 72 hours affe	77	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Suburban Hospital 3. NAME OF DECRASED (Type or print) Mary F. Kelly Butterworth Place, N.W. 4509 Butterworth Place, N.W. 4509 Butterworth Place, N.W. YES NOW OF DEATH OF D
e death certificate be ending physician an an please remove car t, and in any event, "	T)	Fomale White Widowed Divorced 5/13/83 100. USLAL OCCUPATION (Give kind of work done during most of working life, everyif ratified) HOUSEWIFE WASHINGTON DC. U.S.A. 13. FATHER'S NAME ANDREW MILLS 14. MOTHER'S MAIDEN NAME ELIZABETH ATTERN.
The law requires that the attending physician. The att as been signed by the att burial-transit permit. The ial, cremation, or removal		(Yas, no, or Junkown) [Ifyas give war or datas of sarvice] IB. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immed a to cause (a), stating the underlying DUE TO DUE TO DUE TO DUE TO Couse last, (c)
ING PHYSICIAN: d by the hospital or After this certificate tached for use as the if Health prior to bu	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH III EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Month, Day, Year Whila Noi Whila Noi Whila at work at work at work at work.
TO HOSE I retaine We see the page 3 should be de See the page 3 should be de	1	21. I certify that (I) (the house) attended the deceased from. 21. I certify that (I) (the house) attended the deceased from. 22. SIGNATURE 22. SIGNATURE 22. PHYSICIAN'S NAME (Typa) Dr. Marvin Wadler 23. NAME OF CEMETERY OR CREMATORY 23. NAME OF CEMETERY OR CREMATORY 23. SIGNATURE 23. NAME OF CEMETERY OR CREMATORY 23. NAME OF CEMETERY OR CREMATORY 23. REC'D BY REGISTRAR 25B. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 25. REC'D BY REGISTRAR 25B. REGISTRAR'S SIGNATURE 25. REC'D BY REGISTRAR 25B. REGISTRAR'S SIGNATURE 25. DATE NAME 13 '62 25. REC'D BY REGISTRAR 25B. REGISTRAR'S SIGNATURE 25. DATE NAME 13 '62 25. REC'D BY REGISTRAR 25B. REGISTRAR'S SIGNATURE 25. DATE NAME 13 '62
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	MARYLAND STATE DI DIVISION OF STATISTICAL RESEARCH AND RECORDS	EPARTMENT OF HEALTH 5, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
3	03454 CERTIFICAT	
	PLACE OF DEATH o. COUNTY Montgomery maryland	2. USUAL RESIDENCE [Where decessed lived, If institution, Residence before edm ss on b. COUNTY Montgomery
<u>"/</u> -	b. CITY OR TOWN (if outs'de corporete lamits, c. LENGTH OF STAY IN 18	
	Write RURAL and give neerest town) Kensington 20 months	% Silver Spring, Maryland
3 -	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d STREET ADDRESS
	Kensington Gardens Nursing Home	1515 E. Falkland Lane YES NO A
1	. NAME OF Frat Middle	Last 4. DATE Month Day Year
	(Type or print) Edith W.	Kidwell DEATH March 10 1962
-	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE in years IF UNDER 1 YEAR IF UNDER 24 HRS.
	female white woowed X DIVORCED	Oct. 27, 1882 Months Days Hours Min.
	00 USUAL OCCUPATION (Give kind of work 1 10b, KIND OF BUSINESS OR NOUS	
	done during most of working life, even if retired) Housewife Own home	Washington, D.C. U.S.A.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Grenville Whitaker	Laura S. Clark
	5. WAS DECEASED EVER N.L.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17.	
'	Yes, no, or unkown) (Ifyesgivewerordetesofservice) 577-05-2097X	Robert W. Kidwell 314 Northwest Dr.Silver Spr.
-	18. CAUSE OF DEATH [Inter only one cause per fine for (a), (b), and (c).	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	idiac failure ONSET AND DEATH
1	CT NULTO	
	Conditions, if ony, which is (b) arterio se	lesote Hear Deson ?
	gave rise to immediate ceuse	
	(e), stating the underlying course lest.	
1	10/	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
		PERFORMED?
	200. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCUP	RED. (Enter nature of injury in Pert I or Pert II of Item 18.)
- 18	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
1		PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele)
	Hour e.m. While Not While of work et work	fectory, street, office bldg., etc.)
1		n
		nat death occured at 10M, from the causes and on the date stated above
1	22e. GIGNATURE	27b. DATE
	DAME BOULD	M.D. PHYS. DIRECTOR PHYS. 3/0/6
1	22/ PHYS CIAN'S	22d. ADDRESS 9241 C61. Blv'd
	NAME (Type) J. Marion Battkhea	d SIIVER Spilling Md
	236. BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town of county) (State)
	REMOVAL (Specify) Burial 3-13-62 Rock Creek Ce	emetery Washington, D.C.
	WILL OF THE PROPERTY OF THE PR	eorgia Ave256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	Varner E. Pumphrey, Inc. Silver Spring.	
1.	the state of the s	TOTAL CONTROL OF THE PARTY OF T

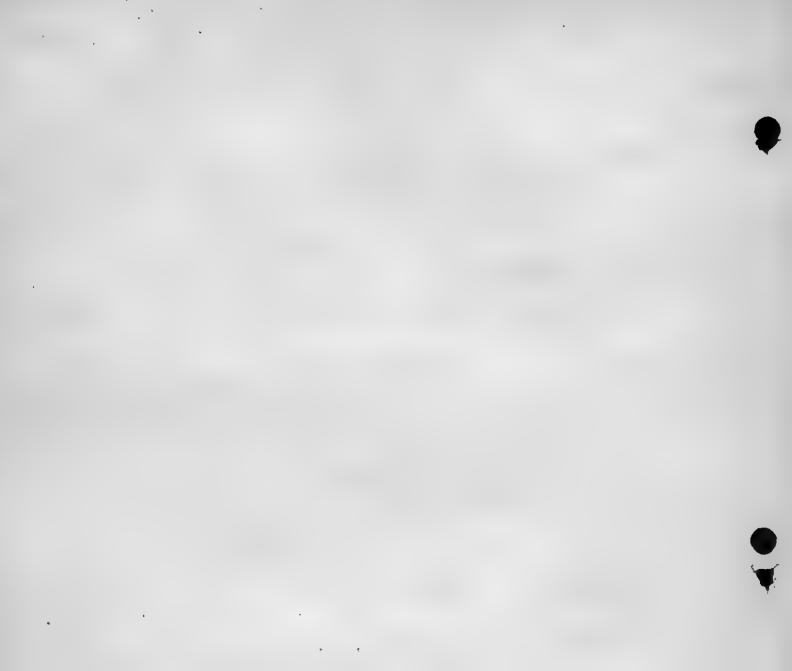
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S HFALTH REPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed I ved, if institution Residence before admission) a. COUNTY 9 les. necessary, ector, Page b. COUNTY MARYLAND is neces. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate lim'ls, write RURAL and give nagrest town) RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTIT d. ATREET ADDRESS TION tif not in hospital, give street address) Boa e. IS RESIDENCE ON A FARM? refained the State B YES NO Z NAME OF Middle Month DECEMBE to the (Type or pri DEATH 5 may be red 2 with the after 5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own farm 13. FATHER 14. MOTHER'S MAIDEN NAME S DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes) no, or unkown) | (If yes give wer or detes of service) Office along w 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil i Office alor IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which gaye rise to immediate cause **DUE TO** (e), stelling the underlying Medica! Examine should be used a ial, cremation, or PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19, WAS AUTOPSY PERFORMED? NO 🕡 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Port I or Part If of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (Steta) Not White fectory, street, office bldg., etc.) While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... 20 Inquiry 🔀 and in my opinion death resulted from: Natural causes . Accident Undetermined manner Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL FUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION 22d. LOCATION (City, fown, or country) (State) REMOVAL (Specify) ₽40 p Bethesda Methodist Burial Browningsville 24m. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR YS. A15ME Damascus. Md... 5M 9/60 5 '62 Litting S. Thomas

ARYLAND STATE DEPARTMENT OF HEALTH



1	12	MARYLAND STATE DEPARTMENT OF HEALTH
	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR 1, 5 C CERTIFICATE OF DEATH
EP /		03439
the funeral d 2 should ath	M)	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY MARYLAND MARYLAND 1. PLACE OF DEATH b. COUNTY MARYLAND 1. PLACE OF DEATH b.
1 and de de de	75	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) The control of the corporate limits, write RURAL and give nearest town) The control of the corporate limits, write RURAL and give nearest town) Control of the corporate limits, write RURAL and give nearest town) Control of the corporate limits, write RURAL and give nearest town) Control of the corporate limits, write RURAL and give nearest town) Control of the corporate limits, write RURAL and give nearest town) Control of the corporate limits, write RURAL and give nearest town) Control of the corporate limits, write RURAL and give nearest town) Control of the corporate limits, write RURAL and give nearest town) Control of the corporate limits, write RURAL and give nearest town) Control of the corporate limits, write RURAL and give nearest town) Control of the corporate limits, write RURAL and give nearest town) Control of the corporate limits, write RURAL and give nearest town) Control of the corporate limits, write RURAL and give nearest town) Control of the corporate limits, write RURAL and give nearest town) Control of the corporate limits, write RURAL and give nearest town) Control of the corporate limits, write RURAL and give nearest town) Control of the corporate limits, write RURAL and give nearest town) Control of the corporate limits, write RURAL and give nearest town) Control of the corporate limits, write RURAL and give nearest town)
stely filled in sers. Pages 2 hours after	13	CASh SHW Y HOSP 10400 Ciles 1/1 Rd VES NO XI 3 NAME OF First MOTO DA Middle Last 4. DATE Month Day Year
d completed the complete of th		(Type of print) E / N. R FUNT FUN KIISMAN DEATH MACH 16 1962 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS.)
hysician and remove carb any event, w		LUTITE WIDOWED DIVORCED 8-23-72 72 89 yrs Months Days Hours 1 Min. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
0 0 0	(F)	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
attending Then pleas val, and in	F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [lifyergive war or dates of service) None Hasp Rearned—
t permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAY diac decompensation PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAY diac decompensation A MOS
is been sign burial-transit		Conditions, if any, which generalized arteriosclerosis ktarry years (a), staling the underlying DUE TO DUE TO DUE TO
ficate has a so the burrial, or to burrial,). ;	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES DO DESCRIBE HOW INTERVING D. DESCRIBE HOW INTERVIOLED (Page Page Log Page L
ter this certifiched for use Health prior		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
A to to		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (State) Hour a.m. p.m. 19 at work at work 1
MECTOR: hould be de state Dept.		25. I certify that (I) (this hospital) attended the deceased from JANMARY 1962, to March 16, 1962 that (I) (we) last saw the deceased alive on 1962, and that death occurred at 5.4M, from the causes and on the date stated above. 228. SIGNATURE 7
FUNERAL MILEC ector, page 3 should filed with the State	1	ATTENDING MED STAFF M.D. PHYS. DIRECTOR PHYS. MArch 16, 62
	1	NAME (Type) BENNET AL OTTER JT, M.D. 9301 Colesville Rd., Silver Spring, Md. 236. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
유·등 (4)	2	REMOVAL (Specify) Burial 3-19-62 Parklawn Cemetery Rockville Montgomery Co, Maryland 14 FUNERAL DIRECTOR'S SIGNATURE Raymond & Apprel 434 Georgia Aves, Rec'd By Registrar 25b. Registrar's SIGNATURE
M 7/61	D	Warner E. Pumphrey, Inc., Silver Spring, MarylandDATEMAR 19'62 . Thun & Kraus

ithin 24 hours after

IN ATTENDING PHYSICIAN: The law requires that the death certificate be exec



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ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, if Institution: Residence before admission) a. COUNTY **b.** COUNTY a, STATE Montgomery MARYLAND Maryland Howard b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN off outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Glenwood Olney d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Montgomery General Hospital YES NOT 3. NAME OF 4. DATE Month complet DECEASED OF (Typa or print) DEATH 1962 KRAMER and co S. SEX 6. COLOR OR RACE TO, MARRIED THE NEVER MARRIED AGE (In years, IF UNDER 1 YEAR, IF UNDER 24 HRS. DATE OF BIRTH last birthday) Months | Days Hours Female WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding Tasker Basil Grimes 15. WAS DECEASED EVER NU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) ((Ifyes giva war or dalas of service) Mr.Fred Kramer OHusband) Glenwood . Md INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DJE TO Conditions, if any, which gava rise to immadiata cause DUE TO (a), stating the underlying causa last, PART II. OTHER SIGNIFICANT CONDITIONS) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATIO 8 0 PERFORMED? YES [NO 20a, ACCIDENT WAS UNDERLYING [7] 20b, DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Part or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) REDICAL 1 20d. INJURY OCCURRED | 20e. P.ACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day Year (County) (Stata) factory, streat, office bidg., etc.) Whila Not While at work at work 21. | certify that (.) (this hospital) attended the deceased from... Mhat (I) (we) last saw the deceased alive SIGNATURE DATE SIGNED ATTENDING PHYS. 22c. HYSICIAN'S 22d. ADDRESS FUNER NAME (Typa) death.
O FU 238. BURIAL, CREMATION, 236. DATE THEREOF 23d, LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Providence Glenelg Mo Burial 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 7 61 C. Higinbethem. Fllicott City. Md DATE

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 03458 230. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission) e. COUNTY b. COUNTY a. STATE Montgomery MARYLAND Marvland Montgomerv b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 10 days Bethesda (rural) Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a IS RESIDENCE ON A FARM? YES NO U.S. Naval Hospital. NNMC 5053 Bradley Boulevard 3. NAME OF 4 DATE Year Middle OF DECEASED B DEATH (Type or print) 1962 March Michael Ben jamin Krom IF JNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years I IF JNDER TYEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED TO last birthday) Months Dave DIVORCED T Male Cauc WIDOWED [19 November 1960 10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) North Carolina USA 14. MOTHER S MAIDEN NAME 13 FATHER S NAME , = Byron Earnest Krom Adlyn Lee 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknym) ((If yes give war or dates of service) Father: Byron Earnest Krom, same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Trand-Schuller Christian, Dis PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) Conditions, il env. which gave rise to immediate cause DUE TO (a), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING _]
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of njury in Pert I or Pert II of Item 18.) 2De. PLACE OF INJURY (Home, farm, 201, (City or town) (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED ! (County) Month, Day, Year factory, street, office bidg., etc.) While Not While Hour a.m at work at work 21 | certify that \$0 (this hospital) attended the deceased from 17 February, 1962, to 1. March..., 1962., that \$0 (we) last 22b. DATE 22a, SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) U.S. Naval Hospital 1 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF OFA REMOVAL (Specify) Arlington, Virginia Arlington National Burial 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDBE thesda, Md. VR A15 (4) 15M 7 (61 Funeral Home, 7557 Wisc. Ave.

ARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03459CERTIFICATE OF DEATH funeral should hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, if institution, Residence before e. COUNTY b. COUNTY e. STATE MARYLAND by th b. CITY OR TOWN (if outside corporate limits, CITY OR/TOWN (If outside corporete limits, write RURAL end give necrest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospiter, give street address) e, IS RESIDENCE YES X NO NAME OF M ddle Day DECEASED OF DEATH (Type or print) within COT carbon 5. SEX AGE (In yeers | IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Devs WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, of unkown) | (If yes give war ar detes of service) requires that 1B. CAUSE OF DEATH [Enter only one causefper tine for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TO Conditions, if env. worch geve rise to immediate cause (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PERFORMED? □ NO 2Da. ACCIDENT WAS UNDERLYING 2Db DESCRIBE HOW INSURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OF CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, ferm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 2Df. (City or town) factory, street, office bldg., etc.) While Not While Hour e.m. et work at work D.m. 21. | certify that (I) (this chospital) altended the deceased from and that death occured at IIMM, from the causes and on the date stated above. saw the deceased alive SIGNATURE ATTENDING. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) LOCATION (City, lown or county) 23e. BURIAL, CREMATION, 23b. (Stete) REMOVAL (Specify) 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cirthury S. Thousa 15M 9/60

AND STATE DEPARTMENT OF HEALTH







VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SHENATURE

ADDRES:

Marvland

Colleg & Thous

a. IS RESIDENCE ON A FARM?

YES NO

196

IF UNDER 24 HRS.

Hours

INTERVAL BÉTWEEN ONSET AND DEATH

> PERFORMED? NO V

> > (State)

22b. DATE

(State)

SIGNED

YES

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE







DIVISION OF STATISTICAL RESEARCH AND RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03461 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, if institution, Rasidanca b. COUNTY Montgomery a. COUNTY Montgomery MARYLAND b CITY OR TOWN (if outside corporete I mits. E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give neerest town) write RURAL and give neerest town] Silver Spring Kensington 18 days d. NAME OF HOSPITAL OR INSTITUTION (f not in hospitel, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Carroll Hall Nursing Home 12.502 Denley Road YES NO I J. NAME OF Midd e Lilian DECEASED (Type or print) DEATH Mary 5 SEX IF UNDER 24 HRS. 9. AGE (In years 17. MARRIED NEVER MARRIED and lest birthday) June 14. 1869 WIDOWED [DIVORCED TO 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Sect and clerk Ret. U.S. Navy Department Washington. D.C. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (unknown) Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT Mrs. Louise Darling 12,502 Denley Rd. (Yes, no, or unkown) [(If yes give wer or dates of service)] None 18. CAUSE OF DEATH [Enter only one cause per lina for (e), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. CONGESTIVE FAILURE IMMEDIATE CAUSE (a) DUE TO ASCU I Conditions, if any, which gave rise to immadiate causa **DUE TO** (a), stating the underlying causa last. PART HOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X POB. DESCRIBE HOW INJURY OCCURED, (Erher nature of injury in Part II or Part II of Itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (State) (County) factory, straet, office bldg., atc.) While Not While Hour a.m. at work at work 1962 to 26 /han 1962 that (1) (00) last 21. I certify that (I) (this hospital) attended the deceased from Han 30 saw the deceased alive on 22 1. 196. 2, and that death occurred at 1. M. from the causes and on the date stated above. 22a STONATURE ATTENDING SIGNED DIRECTOR 22d ADDRESS NAME (Type) Horace W. Bernton ector, 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, fown or county) (Stala) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) នុម្ពុជ្ញុ Prince George's County. 3-28-62 Fort Lincoln Cemetery Burial 19abbets 84 34 Georgi aAve25. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE YR A15 (4) arthur S. Frank 15M 9/60 Warner B. Pumphrey. Inc. Silver Spring, Marylandonte MAR 3

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Whara dacaasad lived, If institution, Asula a. COUNTY 6. COUNTY Montgoriery
b. C.TY OR TOWN (if outs de corporate lim ts, MARYLAND Maryland Montgomery
c. CITY OR TOWN (It outside corporate I mits, write RURAL and give morest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) ~ Rockville Rockville d. NAME OF HOSPITAL OR INSTITUTION ('f not in hospital, give street address) d. STREET ADDRESS a. IS RES DENCE ON A FARM? 11912 Rockinghorse Road YES NO 11912 Rockinghorse Road 3. NAME OF Middle OF DEATH MARC DECEASED (Typa or print) 7. MARRIED X NEVER MARRIED last birthday) MIDOWED DIVORCED [12, CITIZEN OF WHAT COUNTRY? 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11. BIRT IP, ACE , County & State, or foreign country dona during most of working life, even if retired) USA Virginia
14. MOTHER'S MAIDEN NAME Housewife 13. FATHER'S NAME requires that the death attending Then please Richard B. Pace Mildred E. Bowen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT (Yas, no, or unkown) | (Ifyesg vawar or dates of service) Roy J. Lawson-Husband same 1B. CAUSE OF DEATH [Enter on y one cause par I na for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: arcinoma IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immadiata cause **DUE TO** (a), stating the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION & VEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO / sease 20b. DESCR BE HOW INJURY OCCURED. (Enter natura of 'niury in Part I or Part II of Item 18.) 200. ACC DENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d, INJURY OCCURRED, 20s, PLACE OF NJURY (Home, farm, 20f. (C'ty or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, offica bldg., etc.) Not While While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from....... M, from the causes and on the date stated above. 19.6.2 and that death occurred at IV: saw the deceased alive on..... 22a. SIGNATURE SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county (Stata) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Spacify) MdWashingtor National Suitland 25a. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S S GNATURE VR A15 (4) 300 4th Funeral Home DAMAR 2 8 '62 arithur S. Thomas 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



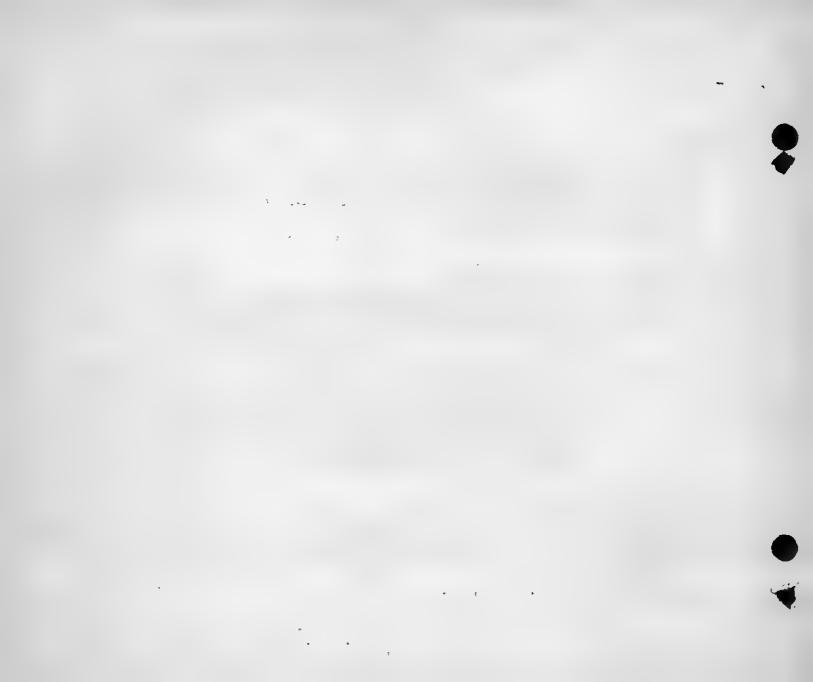
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CERTIFICATE OF DEATH 03463 PLACE OF DEATH 2. USUAL RESIDENCE (Where decepsed lived If institution: Residence before admission) a. COUNTY b. COUNTY Mortgoryen MARYLAND b. CITY OR TOWN (If outside corporale limits, write CAENGTH OF STAY IN 16 c. CITY OR TOWN (If on side corporate limits, write RURAL and give of arest lown) RURAL and give nearest town) d. NAME OF HOSPITAL (Minot in hospital, give street address) OR INSTITUTION uckett. Que, PD. Box 50, toundation 3rooke 4. DATE OF DEATH NAME OF Middle DECEASED (Type or print) 1062 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED [7] DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 40 USelvi 13. FATHER'S NAME Povelyn 16 SOCIAL SECURITY NO. 17. INFORMANT Silver Spring-Mid 18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Generalized Arteriosclerosis Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? Bronchophellmonia YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. m. While Not while at work at work p. m. 21. I certify that I attended the deceased from 2-4- 1962, to 3-28-, 1962, that I last saw the deceased ____, and that death occurred at 10 32 M, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) PHYSICIAN'S Burtonsville, Joseph E. Smith. Jr. NAME (Type) 220. BURIAL, CREMATION, 226 DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY March 31, 1962 Hopewell Church Cem. Lignum Virginia 23. FOREYA DIRECTOR'S SONATURE / 124-12 81400 Start Montg. Ave 240. REC'D BY REGISTRAR'S SIGNATURE
Typon Wheeler Funeral Home Kockville, Maryland Date CPh 2 '62 Tyton Wheeler Funeral Home " . reman at Times

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 10/57



				DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TE OF DEATH
funeral should	W)	1,	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmissing a STATE
2 5 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	_/		Montgomery MARYLAND	a. STATE Virginia
A ho			b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If putside corporate limits, write RURAL and give neerest lown)
lin H	- 1		Bethesda (rural)	Alexandria
1 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDEN ON A FARI
completely for T2, hou	1	3.	U. S. Naval Hospital, Bethesda, Md. Name of Deceased Middle	3206 Wellington Rd. YES NO [
Som Dining		L	[Type or print] Paul William	LINDNER March 27 1962
~ ~~	·/	Ι.	The state of the second	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR lest birthday) Months Deys Hours Mn
The law requires that the death certificate be attending physician. as been signed by the attending physician and burial-transit permit. Then please remove carbial, cremation, or removal, and in any event, we			Male Caucasion wildowed X DIVORCED	6-10-7 \$ 84 yrs
		do	B. USUAL OCCUPATION (Give kind of work me during most of working life, even if refired) Farmer	Elmont, L.I., N.Y. U.S.A.
		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
			George Lindner	Unknown
		15. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
			No 094 30 1168	Hospital Records
			18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).]	
			PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause (a), stating the underlying DUE TO Cause lest. (c)	elomonoblostec Tecelema ONSET AND DEATH
AN:	.,	7	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118 19. WAS AUTOPS
Spits spits tiffic a p	L	CATION		PERFORMED? , YES
PHYS the ho this cer for us the price		CERTIFIC	20% ACCIDENT WAS UNDERLYING 20% DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Pert I or Part II of Item 18.)
DING ned by After the letached of Heal		MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) clary, street, office bldg , etc.)
De De tre				
F E C F				it death occured a 640PM, from the causes and on the date stated abo
Shou			220, SIGNATURE	ATTENDING MED, STAFF 22b. DATE
H of the state of			My arrender	MD PHYS. DIRECTOR PHYS. March 28, 1962
ERAL Page with t	1 -		PHYSICIAN'S NAME (TYPE) F. WARRENDER LT MC USN	22d. ADDRESS
SC N 5 P	/			U.S. Naval Hospital, Bethesda, Md.
Heath Clined		23a	BURIAL CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) Smithtown	
O D D D D		-		Smithtown L.I., NY. esda, Md. 250. REC'D BY REGISTRAR 255. REGISTRAR S SIGNATURE
VR A1S [4] 15M 7 61		F		isc., Ave DATE MAR 3 0 '62 Cultury S. France

MARYLAND STATE DEPARTMENT OF HEALTH

physician and completel; in by the funeral eremove carbon papers. Pages 1 and 2 should any event, within 72 hours after death. 24 hours after certificate be executed

death		ding	pleas	, Pa
the c		Z TO FUNERAL DIRECTOR: After this certificate has been signed by the attending	Then	-
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	08465		TE OF DEAT	ON STREET, BALTIM H	03458
PLACE OF DEATH	mery	MARYLAND	e, STATE	► COUN	Institution: Residence before edmi
b. CITY OR TOWN (if out write RURAL and give Silver Sp	represt town)	c. LENGTH OF STAY IN 1	11	foutside corporate limits, write Spring	e RURAL and give nearest town)
	OR INSTITUTION (if not in h	ospital, give street eddress)	d. STREET ADDRESS	Jeill Road	is resid On a FA Yes No
3. NAME OF DECEASED (Type or print)	Paul	Wiqqle	Lindsey	4. DATE Month OF MARC	
5. SEX Idale 10a. USUAL OCCUPATION	COLOR OR RACE 7. MARR WIDOW	VED DIVORCED	9-12-1896	9. AGE (In yeers lest birthday) 65 yrs. ly & Stete, or foreign country)	Months Days Hours N
done during most of working 5. FATHER'S NAME James E.	tile, even it retired) OMMEKCE	4 440 4	17.	NAME	U.S.A.
5. WAS DECEASED EYER IN Yes, no, or unkown) (Ifyesg	U.S. ARMED FORCES? 16		. INFORMANT Solle II. Finds	Address	1 Rd, Sil Sp.,M
PART I. DEATH WA	DIATE CAUSE (e)	cule Cotona	ry Thrombos	2.0	ONSET AND DEAT
Conditions, if eny, will geve rise to immediate c	DUE TO (b)		7 1715-1705		, o minu
Conditions, if eny, will geve rise to immediate c. (e), stelling the underlicause last. PART II. OTHER SIGN	DUE TO (b) DUE TO Ving DUE TO (c) NIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIV	EN IN PART 1(a) 39. WAS AUTO PERFORME YES NO
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MARYLAND STATE DEPARTMENT OF HEALTH

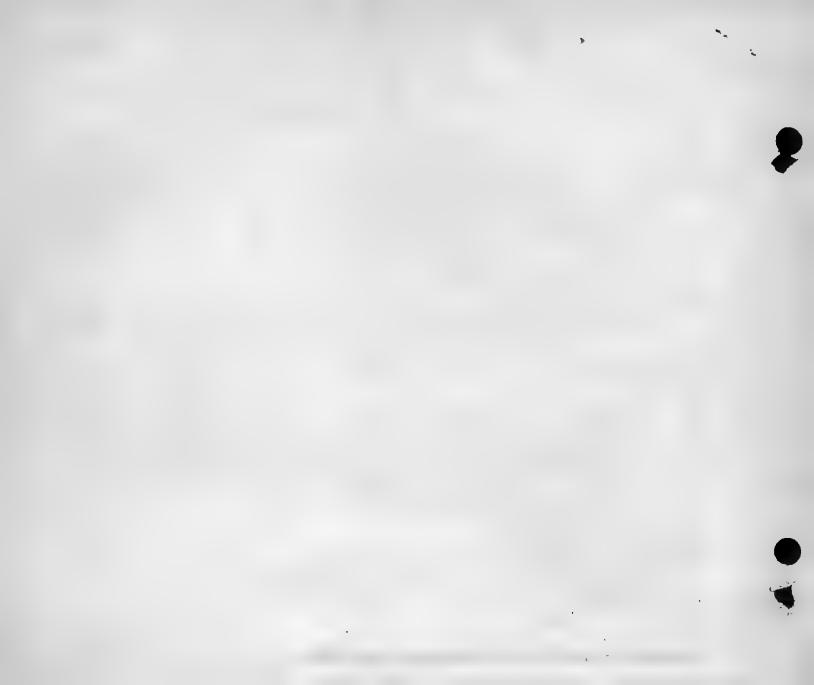


PYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before offmission) COUNTY o. STATE b. COUNTY MERCY MARYLAND eral b. CITY OR TOWN (If outside corporate limits, yrite. c. LENGTH/OF STAY IN 16 c. CITY OR TOWN (if gerside corporate limits, write XURAL and give nearest town) **8** RUMAL and give nearest town shauld LICESIA Bular d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO Ξ NAME OF First Middle 4. DATE Last Month DECEASED OF DEATH (Type or print) 196 COLOR OR RACE 9. AGE (In ygtirs SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs WIDOWED DIVORCED [106. USUAL OSCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? le during most of working life, even if retired) Vugue and ban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (If yes, give war or dates of sergice) blow 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEAD PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO á Condittans, if any, which (b). gove rise to immediate **DUE TO** couse (o), stating the underlying couse ost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 🗌 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Stote) factory, street, office bldg, etc.) Hour o. m. While Nat white ot work p. m. at work 6 4 That (I) (we) last 21 | certify that (1) (this haspital) attended the deceased from..... 194 saw the deceased alive on. -and that death occurred at. -M, from the couses and on the date stated obove. DIRECTOR: 22a. SIGNATURE ATTENDING PHYS MED DIRECTOR "M D PHYS 22c. PHYSICIAN'S 22d. ADDRESS page 3 the State 23a BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY (State) 24 FUNERAL DIRECTOR'S SIGNATURE 25g REC'D BY REGISTRAR 256 REGISTRAR'S STANATURE DATE APR 2 VR A15 (4) Certhur S. Thous 15M 9/59

death



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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 CERTIFICATE OF DEATH	ORARO
the fundamental strains	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution a. COUNTY b. COUNTY	
by the and 2 death.	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Maryland c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL)	Montgomery_
illed in rs after	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Rockvillen Lane	IS RESIDENCE ON A FARM?
npletely f papers. P n 72 hour	Sensing Tow Gredons DAN 6300 Tilden Lane 3. NAME OF DECEASED Middle Last 4. DATE Month OF THE M	Dey Yeer
	(Type or print) Sex Color or race 7, Married Never Married B. Date of Birth 9. Age (in years If UNDE	
ficate be exicion and co	WIDOWED DIVORCED 2 - 2/- 73 Spinor Months 10e, USUAL OCCUPATION Give kind of work 10th KIND OF BLISINESS OR INDUSTRY 11 SIRTHRI ACE (COURS & State of foreign country) 12.0	Days Hours Min.
certificat physician remove any evel	done during most of working life, even if retired) BANK TELLER. Banking Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	11.5.17.
death nding please and in	Thomas H. Looker L. Beigham	
he atte Then noval,	Yes Spanish Amer 577-22-1999 Reginald B. Looker, Jr Se	on-same 2d
ysician ysician ad by t permit , or rei	IB. CAUSE OF DEATH Ether only one cause per line for (e), (b) end.(c).) PARY-I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)	ONSET AND DEATH
ing phring phring signer region signer transit	Conditions, if any, which to Diffuse Philateral bullworkery of these	130
The I	gave rise to immediate cause (a), stating the underlying DUE TO Cause last	wed.
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ING I	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown)	ounty) (State)
TEND retaine COR: V	Hour e.m. p.m. 19 While at work at work 21. I certify that (I) (this happitel) attended the deceased from	that (I) (Re) last
State	saw the deceased alive on	the date stated above, 22b. DATE SIGNED
TA.	ATTENDING MED. STAFF DIRECTOR PHYS DIRECTOR	3/6/62/
PUNER PUNER Sctor, pa	238. BURIAL, CHEMATION, 136 DATE THEREOF 1236. NAME OF CEMETERY OR CREMATORY 1236. LOGISTION (C.I.Y., 10Wn or co.	inty) (Stete)
O P P P P P P P P P P P P P P P P P P P	Barial 3/8/62 Arlington Nat. Cem Arlington, Vi	rginia 1
VR A15 (4) 1SM 7:61	took and to the second of the	2. thous



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY b. COUNTY by the and 2 death. Montgome**y**y lary land MARYLAND b. CITY OR TOWN, outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete I m'ts, write RURAL end give neerest town) Bethesda days Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 2425 Ross Road YES NO X The Clinical Center, Bethesda 14, Md. 4. DATE DECEASED OF (Type or print) DEATH 19 Truett Lovett March and cor 5 SEX 6 COLOR OR RACE 7, MARRIED NEVER MARRED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lest birthdey) Months, Days | WIDOWED DIVORCED [June 29, Male White 10e USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE [County & State, or loreign country] 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Printing Texas Printer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Lovett Ida Martin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT The Medical Records (Yes, no, or unkown) | (Ifyes givewar or detes of sarvice) The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [Enlar on y one cause per I ne for (e) (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAJSE (a) Cerebral Hemorrhage 4 days DUE TO (b) Hypertension vears gave rise to immediate ceusa **DUE TO** (e), stating the underlying (c) Diabetes Mellitus vears PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e); 19, WAS AUTOPS) PERFORMED? NO [20a. ACCIDENT WAS UNDERLYING FT 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of in any in Pert I or Pert II of I tem 18.) OR CONTRIBUTING [] CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINERS Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) While factory, street, office bldg., etc.) Not While Hour a.m. et work at work 21. I certify that (A (this hospital) attended the deceased from March 1962, to March 5 ... 19.62 that (1) (we) last 22a SIGNATURE 1962 SIGNED ATTENDING March o, PHYS. X PHYS. DIRECTOR 22c. PHYSICIAN'S Clinical Center. National NAME (Type) Samuel Barondes, M.D. Institutes of Health, Bethesda 14, Md. -23a. BURIAL, CREMATION, 23b. DATE THEREO, CEMETERY OR CREMATORY 23d. LOCATION (City, town or spunity) (State) 250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) e. COUNTY b. CQUNTY MONTGOMERY MARYLNAD MONTGOMERY MARYLAND b. CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town! OLNEY 17 DAYS GAITHERSBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO GENERAL HOSPITAL RT. MONTGOMERY 3. NAME OF First Middle Last 4. DATE Year DECEASED (Type or print) DEATH 19 SETH HASKELL Low AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 5 5EX last birthday) Months | Days Hours 5-20-11 50 WIDOWED [DIVORCED MALE ${\sf WHLTE}$ 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) | 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. RETIRED-Biologist MASS Wild Life 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RUSSELL C. LOW ALICE KEITH PRESCOTT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) HOSPITAL RECORDS is. CAUSE OF DEATH [Enter only one cause pe INTERVAL BETWEEN une for (a)a(b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause **DUE TO** (e), sleting the underlying ceuse lest. PART I. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO ል 20a ACCIDENT WAS UNDERLYING : 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of njury in Pert I or Pert I of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED. 20e, PLACE OF NJURY (Home, farm, 20f, (City or town) (County) (Stete) lectory, street, office bldg., etc.1 While Not While Hour e.m. et work et work D. m 19., that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from . and that death occurred at M, from the causes and on the date stated above saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING MED STAFF DIRECTOR PHYS. ector, page 22d. ADDRES 22c. PHYSICIAN'S NAME (Type) SANDY SPRING, MARYLAND CHARLES H. LIGON. 230 BUR.AL CREMATION, 235 DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY | 23d LOCATION (City, lown or county) (Stelle) REMOVAL (Specify) Wrince George Co.
25a. REC'D BY REGISTRAR 25b. REGISTRAR'S Ft. Lincoln Cremation "arvland **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 162 1SM 7 61 DATAPR 3 Laytonsville. Md. Francis H. Barber

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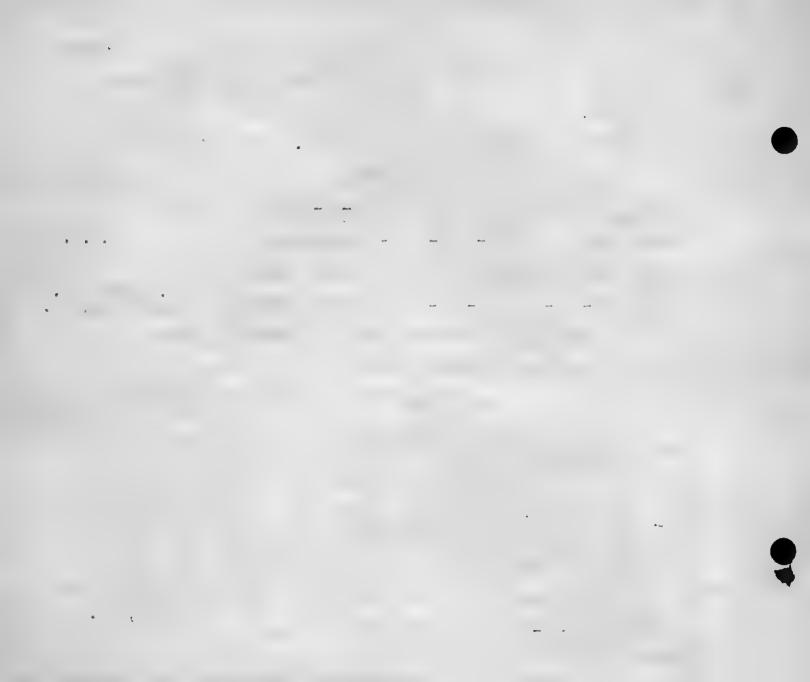
RYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. COUNTY MARYLAND b. CITY OR TOWN (if office corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end alve heerest town) write RURAL and give nearest town ell (rural d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, g verticest eddress) . IS RESIDENCE ON A FARM? YES NO SC 3. NAME OF Middle 4 DATE Manth DECEASED (Type or print) DEATH mar 1962 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 9. AGE (In years , IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired 13. FAJHER'S NAME 16. SOCIAL SECURITY NO.: 17. INFORMANT (Yes, no. or unkown) ! (If yes give we ror detes of service) 1 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] AMMEDIATE CAUSE (a) LILL geve rise to immediate cause **DUE TO** PART II. OTHER SIGNIF CANT CONDIT ONS CONTRIBUTING TO DEATH BUT PERFORMED? YES IN NO 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert 1 of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Month, Dey, Year 20d INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, 20f (City or town) (County) fectory, stpeet, office bldg., etc.) - 2 4 19 6 2 al work | et work 21. I certify that I look charge of the remains described above, held an Autopsy 🔀 Inspection 🗍 Inquiry death resulted from. Natural causes Accident Homicide K Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) 3/28/62 Arlington National., Arlington, Va. <u>40</u> 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. ATSME Living & House SM 9/60



1	2	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAN				
 		CERTIFICATE OF DEATH				
ed in by the funeral gas I and 2 should after death.	M)	1. PLACE OF DEATH e. COUNTY Montgomery Maryland b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Kensington d. NAME OF HOSP.TAL OR INSTITUTION (if not in hospiter, give street address) 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmyss on) Arlington d. STREET ADDRESS 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmyss on) Arlington d. STREET ADDRESS j. E. IS RESIDENCE				
an and completely fill. re carbon papers. Pagrent, within 72 hours	7-	Carroll Hall Sanitarium 3. Name of Deceased (Type or print) 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED 12-26-1878 100. USUAL OCCUPATION (Give kind of work on blief, even if retired) 105. KIND OF BUSINESS OR NDUSTRY 11. PIRTHPLACE (County & Stele, or foreign country) 106. USUAL OCCUPATION (Give kind of work on blief, even if retired) 107. KIND OF BUSINESS OR NDUSTRY 11. PIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
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the hospital or attending physician this cartificate has been signed by d for use as the burial-transit permitth prior to burial, cremation, or re	Ć	PART I. DEATH WAS CAUSED BY HE TO CONDITIONS, If eny, which gove rise to immediate cause (e), by the to Conditions, if eny, which gove rise to immediate cause (e), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Item 18.)				
CTOR: After Id be detache e Dept. of Hea		20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)				
ash, Page 4 FUNERAL DIRE rector, page 3 shou	1	22e. SIGNATURE ATTENDING MED DIRECTOR PHYS. 22b. DATE SIGNED DIRECTOR PHYS. 3/12/6. 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS J206 NORWAY DRAW 22d. ADDRESS J206 NORWAY DRAW 22d. ADDRESS J206 NORWAY 22d. ADDRESS J206 NORWAY				
VR A15 (4)		Removed 3-13-1962 Beech Woods Cometery by Registrar 25b. Registrar's Signature goseph Hawar's Sons 175 G Re. and n.w. Wash. D.C. Date MAR 1 4 '62				



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03472 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY m. STATE **b.** COUNTY MONTGOMERY MARYLAND MONTGOMERY MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) write RURAL and give nearest town CLARKSBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO X MONTGOMERY GENERAL HOSPITAL 3. NAME OF 4. DATE Day Middle Month DECEASED OF (Typa or print) DEATH ELLIGAT GRANVILLE MACE and cor carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years HE UNDER 1 YEAR IF JNDER 24 HRS. last birthday) Months Davs WIDOWED T 12-18-01 MALE IDa. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. CARETAKER WEST VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANNA MCCLOUD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN PART J. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Arteriosélerosis Conditions, it any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0 19. WAS AUTOPSY PERFORMED? NO | 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part if of Item 18.) 20a ACCIDENT WAS JNDERLYING TI OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. ! 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) Not While Hour a.m. al work at work 190 That (I) (we) last saw the dedeased alive on...... ATTENDING 22a. SIGNATORE SIGNED; DIRECTOR 22d. ADDRESS 22c. PHÝSICIAN'S NAME (Type) RICHARD YATES, M.D. OLNEY, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY (State) 23s. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, lown or county) O.g. 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAN'S SIGNATURE VR A15 (4) 15M 7/61

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9 1	MARYLAND STATE DIPARTMENT OF HEALTH
CAR.	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	り3年73 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03466
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmyssion)
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5 5 2 3 s	Male white widowed Divorced December 27, 1924 37 m. 2, 26
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Page 1 in I	Clectrician Construction New York City 1 U.S.A.
4 9 × 8 × 9 ×	
or to	Stanley Majchrzyk. Stella Kobin
15.00 to 1.00	15. WAS DECEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unhown] [(Ifyesgive werordales of service)]
M High	Ves W.W. II Nonnie MAILARZYK 6106 1st place N.S.
of were	18. CAUSE OF DEATH (Enter only one cause per line for (s), (b), end (c).) INTERVAL BETWEEN ONSEL AND DEATH
oxe fond ansi	PART I. DEATH WAS CAUSED BY: MASSIVE HORACIC AND ABDOMINAL HEMORRAGE 2 HOURS
Part a	OI 6 X DUE TO
overity >	Conditions, if any, which) (b) CRUSHED CHEST AND KUPTURED SPLEEN 11
Short	geve rise to immediate ceuse (e), steting the underlying DUE TO
d as	couse last. (c) ACCIDENT
Triffi Try Asm Yan Ion,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
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dio dio	20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18.)
記する A よば 「	20s. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port II of Item 18.) LIVING of CAUSE OF DEATH.
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A Post	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20d. (City or town) (County) (State) Hour e.m. 3-25 1962 et work et work office bldg., etc.) The county of the county
EX See as a see a	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection I Inquiry . and in my opinion
FE 등 등 다 다	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
SEC Co.	CHIEF MEDICAL EXAMINER
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DAUTY Esse execute should be for FUNERAL its designage	EXAMINER'S FOLLY TO
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O P Should be still b	CRIMATION" 3/26/1962 FORT LINCOLN CREMATORY PRINCE GEORGES COUNTY, MARYLAND
H . H	23. FUNERAL DIRECTOR 1 OY ADDRESS 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
YS. AISME	Vary G. Silary
5M 9/60	HYDONG'S FUNDRAL HOME 1320 N. ST. N. W WASH. D. C. I DAMAR 2 8 '62 Cithin S. Kinns



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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased hyad, If institution, Residence before admission COUNTY b. COUNTY Mor. to. 무 2 onti. MARYLAND b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest lown) nockville Yr. 1 CKVille d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Grawford YES NO X 3. NAME OF Middle DATE Yaar DECEASED (Typa or print) ixie Salena DEATH Mann 1.6 t.k 19 0 Lar. 6. COLOR OR RACE T MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. last birthday) WIDOWEDK DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 1 11, BIRTHPLACE (County & Sleta or fore gn country) I 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if relired) ouse Wife Lovettsville. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ltta S. Cooser 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Hyesgivewardidetesofservice) Mrs Lucille Graham. Rockville. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO carlagrasseller designs Conditions, if any, which gava rise to immediate causa DUE TO (e), stating the underlying causa last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(8) 19. WAS AUTOPSY ATION PERFORMED? "mini. NO N CERTIFICA 208 ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of Itam 18.) OF CONTRIBUTING CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm. (Stata) City or town) (County) factory, streat, office bldg., atc.) While Not While Hour a.m. et work at work 21. I certify that (1) (this hospital) allended the deceased from an-19. C. Sand that death occured as Attom the causes and on the date stated above. saw the deceased alive on Allaccac 22a, SIGNATURE 22b. DATE ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS 236. BURIAL, CREMATION, 1 236, DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) REMOVAL (Spacify) puria. Lovettsville Union 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Gaithersburg. Md. 15M 7761 Gartner. Mr. H. n. S. France DATE MAR

YLAND STATE DEPARTMENT OF HEALTH



Robert A. Pumphrey, Bethesda, Maryland

a. IS RESIDENCE ON A FARM? YES NO X

U.S.A.

ONSET AND DEATH

3 days

PERFORMED? YES 🔀 NO

(State)

SIGNED

25% REC'D BY REGISTRAR 25%, REGISTRAR'S SIGNATURE

- return S. Thomas

DATE MAR

15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE



1.	41	1	MARYLAND STATE DEPARTMENT OF HEALTH	UMARCA MARVIANO
. =-	18		CERTIFICATE OF DEATH	IMORE 1, MARYLAND
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DIVISION OF STATISTICAL RESEAR	CERTIFICATE OF DEATH	STREET, BALTIMORE 1, MARYLAND
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DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, if institution, Rasidenca before admission) a. COUNTY 5. COUNTY Itent Tomery

b. CITY OR TOWN (if outside corporate limits MARYLAND ev Jersey c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate I mils, write RURAL and give neerest town) write RURAL and give neerest town! 745 days Avenel. d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address; d STREET ADDRESS a IS RESIDENCE ON A FARM? The Clinical Center, Bethes 12 14, 17d. 7 Manor Place 3. NAME OF DATE DECEASED (Type or print) DEATH Gentru le 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR F UNDER 24 HRS. last birthday) WIDOWED RATIOIA D VORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (County & State, or foreign count v) | 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Store Saleslady New Jersev 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME Madeline Mistler William Harsh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT The Kedical Recolds (Yes, no, or unkown) | (If yes give war or dates of service) Not available The Clinical Center, Lether 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b) and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CIRCULATING auticoaquion & Masse gava rise to immadiata causa (a), stating the underlying kedney 20 presure from hematown PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 at 19. PERFORMED? NO 206 DESCRIBE HOW (NJURY OCCURED. (Enter nature of injury in Part I or Part I of Item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not Whila at work al work 21. I certify that (II (this hospital) attended the deceased from February ... 29, 1950, to March ... 1954, that (D) (we) last saw the deceased alive on March 15. 19.5., and that death occured 200. P.M. from the causes and on the date stated above. 22b. DATE ouis M. Aledort, M.D. ATTENDING STAFF PHYS DIRECTOR 22d. ADDRESSThe Clinical Center, lational 22c. PHYSIC AN' Institutes of Health, Lethesdo 14, Ma. 23a. BURIAL, CREMATION, | 23b DATE THEREOF 1 23d. LOCATION (City, town or county) St. Gertrude's Cemetery Colonia. New Jersev 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS. 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) ROBERT A. PUMPHREY Bethesda, Md. 15M 9/60 DATE MAR 2 0 '62



1 1 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE	03479 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02470	
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacessed lived, If institutions Residence before admiss	ior)
A SE	e. COUNTY Montgomery MARYLAND A. STATE Md. Montgomery Montgomery	
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is neces, director, for your file oard of H	Bethesda D.O.A. Silver Spring	
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3 to 3 to 1 be affer affer	(Type or prin') William Robert Martin DEATH 3/ 2/ 1962 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In your IF UNDER 14 HI	PC
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2 2 2 2	Plumbers helper Pennsylvania U.S.A.	
4 # ₹ ¥ \$ \$ 1 \$ 1	13. FATHER'S NAME	
	Winliam Edward Martin Winifred Mae Redwine	
within 18. Give form form alit. File	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) (Ifyssalivawarordales of service)	
ired wilk wilk any	yes Navy 1955-1956 Winifred Mae Crawford Mother 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c),	
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마 플 플 그 이	cause lest.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (1.8) 19. WAS AUTOP PERFORMED. YES NO [20a. EXTERNAL CAUSE WAS PRIMARY] or CONTRIBUTING [20b. DESCRIBE HOW INJURY OCCURED. [Entar nature of Injury in Part I or Part II of Item 18.) PART II. OTHER SIGNIFICANT CONDITIONS (II) 19. WAS AUTOP PERFORMED. YES NO [20c. EXTERNAL CAUSE WAS PRIMARY] or CONTRIBUTING [20c. EXTERNAL CAUSE WAS PRIMARY] OR CONTRIBUTION [20c. EXTERNAL CAUSE WAS PRIMARY] OR CONTRIBUTION [20c. EXTERNAL CAUSE WAS PRIMARY PRIMARY PRIMARY PRIMARY PRIMARY PRIMARY PRIMAR	SY
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X - 5 - 7	Hour e.m. While Not While factory, street, office bldg., etc.) p.m. 19 et work et work	
First First Print	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion	1
CALIFICATION CONTROL OF THE CALIFICATION CONTROL OF THE CALIFICATION C	death resulted from: Natural causes 77, Accident , Suicide , Homicide , Undetermined manner	
DIB	ACTUAL ACTUAL ACTION AC	
AL AL	SIGNATURE ZOUR JE SIGNED MD. ASSISTANT MEDICAL EXAMINER DATE SIGNED	
DEPU lease execute. Should be forw FUNERAL DI	EXAMINER'S NAME (Typa) FRANK J. BLASCHZL+ Address (Strad, city, lown, or county)	partie.
DE Shou	228. BURIAL, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or country) [State,	
5 g 4 5 p	DURIAL 6MAK 1962 HELLINGTON. HRL Va.	
VS. A15ME	ADDRESS 7400 GA HE REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 83480 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY b. COUNTY Montgomery PARKURANTE Marvland Mont gomery b, CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Bethesda Silver Spring d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Suburban Hospital YES NO K 13106 Holdridge Road 3. NAME OF Middle 4. DATE Year DECEASED OF DEATH EDGAR MATT INGLY March 19 62 [Type or print] 16. 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF SIRTH last buthday) | Months | Hours WIDOWED T DIVORCED [80 44 Feb. Remake in please remain and in 12. CITIZEN OF WHAT COUNTRY? 10a: USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Ret. Railwoad Railroading USA Illinois 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown David Mattingly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) 18. CAUSE OF DEATH [Enter only one cause per lipe for (e), (b), and (c), INTERVAL SETWEEN ONSET AND DEATH oury edema. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if eny, which (6) gave rise to immediate cause DUE TO (e), stelling the underlying CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I(6). 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS certificate CERTIFICATION PERFORMED? SE LISE 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18) 200 ACCIDENT WAS UNDERLYING 호 OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) 20c. TIME OF INJURY Month, Day, Yeer factory, streat, office bldg., etc.) While Not While Hour a.m. at work et work RCTOR 21. I certify that (I) (this hospital) attended the deceased from ... 3 ...19......., and that death occured at/1/5.f.M, from the causes and on the date stated above. saw the deceased alive on. 22e. SIGNATUR SIGNED ATTENDING. PHYS. Mar. 16, 1962 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ASHBY W. 018 Georgia Ave., Wheaton, Md. 23d. LOCATION (City, lown or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23e. BUR AL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) O F Mt. View Cemeterv Reno. Burlai≈transıt 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) MAR 2 0 '62 Chilling S. Hraus Bethesda, Md. 15M 7/61 PUMPHREY DATE

death certificate



CERTIFICATE OF DEATH director, 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institut an, Residence before admission) o. STAWaryland o. COUNTY b. COUNTY Montgomery MARYLAND Montgomery b. CITY OR TOWN (If outside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Bethesda Bethesda vears d. NAME OF HOSP TAL (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 4700 Locust Hill Circle Locust Hill Circle YES NO TE .⊑ NAME OF First 4. DATE Middle Lost Manth Dov Year ed DECEASED March 23. (Type or print) DEATH TNEZ MAYHEW 19 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH MARRIED NEVER MARRIED R 7 campletel Female White WIDOWED TO DIVORCED [7] Oct. 11. papers. 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) Barnesville. Ohio Housewife U.S. pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician James Price Mary Connor emaye 15. WAS DECEASED EVER IN U S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT Address Daughter No Mrs. Helen M. Lee None Item 2. Same 1B CAUSE OF DEATH [Enter anity one cause per line for (a), (b), and (c) } INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ŧ Loude DUE TO gned b Canditians, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying couse last urial-transit been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEA WAS AUTOPSY PERFORMED? non clue chores YES TO NO TO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Hem 18) 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f, (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a m. While Nat while at wark at wark p. m 19 62 that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased from DE 15th, from the causes and an the date stated above 1962 and that death occurred all saw the deceased alive an NAAPTH 22a. SIGNATURI 22b, DATE ATTENDING SIGNED MED DIRECTOR M.D. PHYS 22c PHYSICIAN'S 22d ADDRESS NAME (Type) Del Ray Ave. Bethesda. Md. ROBERT 'ANGLE 23a BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) Specify an sit 3-23-62 Dorset Cemeterv Ohio Dorset ADDRESS 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 250 RECID BY REGISTRAR

Bethesda. Md.

A. PUMPHREY

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VR A15 (4) ISM 9/S9

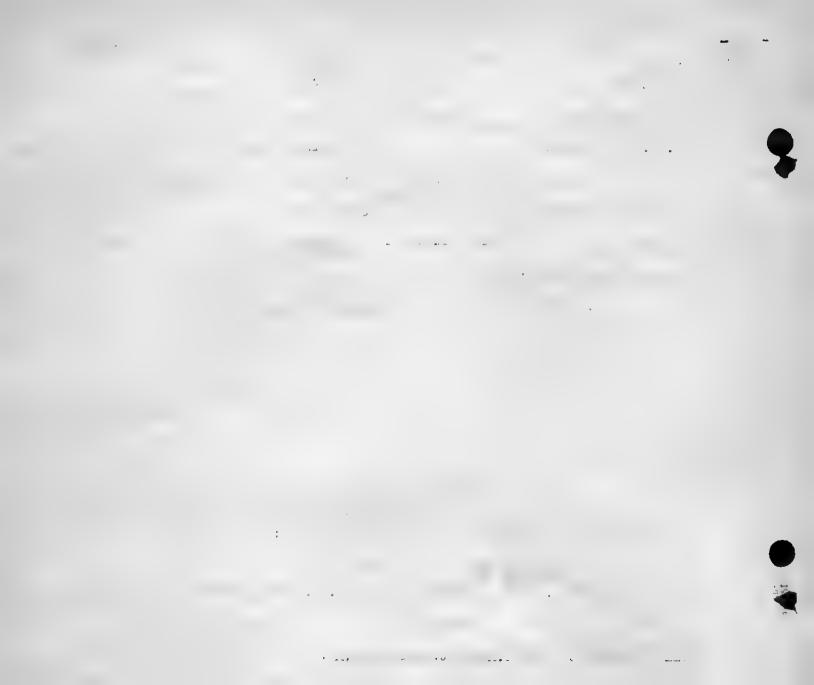




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			J'll acerb Ten 8009-1	4 DATE Month Dey Year
eculed inpletely papers.			ECERSED (ype or print) WIII BRACK L. MC Janie X	DEATH March 2 1962
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AT SECTION Out of the Date of				Trom the causes and on the date stated above.
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- C - C - C		234	REMOVAL (Specify)	23d. LOCATION (City, town or county) (Stote) Shitland Maryland
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AND STATE DEPARTMENT OF HEALTH RESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, il institution; Residence before edmission) a. COUNTY **b.** COUNTY Montgomery Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Bethesda (Rural days Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? U. S. Naval Hospital 705 Alvin Avenue YES NOTES NAME OF 4. DATE DECEASED OF {Type or print} DEATH Keith Brian MARCH Mc Grath 5 SEX 6 COLOR OR RACE 7, MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Hours Svent, WIDOWED -DIVORCED June 8,1961 Male 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loreign country) 10a. USUA, OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired) USA Montana Child 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Myrna Campbell Kenneth Mazick Mc Grath 15. WAS DECEASED EVER N U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Il yas give we ror detes of service) Hospital Records 18. CAUSE OF DEATH |Enter only one cause per line for (a), ,b), end ,c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: HemoRRHAGE GEREBRAL IMMEDIATE CAUSE IN 33/2 DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY ERFORMED? 200, ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY Home, farm, 1 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Hour a.m. Not While et work et work 21. I certify that XI) (this hospital) attended the deceased from March. 28., 1962, to March. 30, 1962., that XI) (we) last 22b DATE 22e SIGNATURE **ATTENDING** SIGNED DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S U. S. Naval Hospital , Bethesda, Md. Lewis P. Scott LCDR MC USN 23d. LOCATION (City, fown or county) 23a, BURIAL, CREMATION, 23b DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY (Steta) REMOVAL (Specify)
Burial OF Salisbury, Maryland Parsons ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE YR A15 (4) 15M 7/61 Cultury S. Thouse Johnson Co. 705 E. Main St. Salisbury, Md.



lan.		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	
		US483 CERTIFICATE OF DEATH	03478
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,		NAME OF First Middle Last 4. DATE Month OF	Dey Yeer
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	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
1		Bontomin Lukertundie. IT Frances Colomon	
.)	15,	WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address	
	(Ye	(, no, or unkown) (Ifyesgivewerordetesofservice) None George McHorney 9119 Bradford R.	a S.S. Md.
	١	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	INTERVAL BETWEEN
	Н	PART I. DEATH WAS CAUSED BY	ONSET AND DEATH
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	l . 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town)	(County) (State)
	WED.	Hour e.m. While Not While Pectory, street, office bidg., etc.)	
		21. I certify that (I) (this hospital) attended the deceased from	, 194.7, that (I) (we) la
		saw the deceased alive on	d on the date stated above
		22e. SIGNATURE	226. DATE
		Donald MILOGH M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.	3/18/62
ı		22c. PHYSICIAN'S 22d. ADDRESS	
		NAME (Type) Donald Donald Nelson 11,128 Norlee Drive, Sil	ver Spring. Md.
	734	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town	
	1 _	REMOVAL (Specify)	
		SINIED AL DIRECTOR'S SIGNATURE A.	
		MAR Z E OZ I	Und S. Kines
	We	rner E. Pumphrey, Inc. Silver Spring, Maryland Date	

MARYLAND STATE DEPARTMENT OF HEALTH



1		MARYLAND STATE DEPARTMENT OF HEALTH
, As-		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		99490 MEDICAL EXAMINER'S CERTIFICATE OF DEATH U3479
HEALTH DEPT.	T.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution: Residence before admission
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F. P.	-	b. CITY OR TOWN (if ourside corporate limits, yet a RURAL and give interest lown) c. CITY OR TOWN (if outside corporate limits, write RURAL and give interest lown)
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2 5 0 5 B	3.	NAME OF First Middle Lest 4. DATE Month Day Year
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Ven Girlin	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT
W THE THE SECOND	114	s, no, or unkown) (If yasgive war or dates of service) Edith M. Steurent 700 Light and
To a series		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).
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cate indiine d as		ceuse last. (c)
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ould ore	CERTIFICATION	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of Injury In Part II of Item 18.) PRIMARY or CONTRIBUTING
MER of Marial Marial		CAUSE OF DEATH.
Military B.	MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
Pa of r	ME ME	Hour e.m. While Not While tectory, street, office bidg., etc.)
Price Price		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
Ged ded gent,		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
6 29 5		CHIEF MEDICAL EXAMINER
		SIGNATURE TRANS 1. Proschart M.D. ASSISTANT MEDICAL EXAMINER [] DATE SIGNED
2 15 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DEPUTY MEDICAL EXAMINER 3 3 4 / 3
DEPU A sase exercises exercises the feather that its designation of the feather than the fe		NAME (Type) - KANK J. I) TUSCAZET Address (Street, city, town, or county)
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5 g 4 6 g	9	weigh agent 3-1962 pale of Jeanoul Receiped-line Monda for- Mal
VS. AISME	23	ADDRESS 240. REC'D BY DEGISTRAR 246. REGISTRAR'S AGNATURE 246. REGISTR
5M 9/60	1	VIXIAUE STRILLED JOT DE DATE



Digition of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
POR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 103	480 _
HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, it institutions)	s dence before admission
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	give (naarest town)
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	e. IS RESIDENCE
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Type or post!	4 1962
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read Harry H. M. Knee Masic Robertson	
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18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)]	INTERVAL BETWEEN ONSET AND DEATH
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206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH	
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County (Home, form, 20f. (City or fown)	(Siete)
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21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry	and in my opinion
death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner	
CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE TRANS OF BASSETAND M.D. ASSISTANT MEDICAL EXAMINER [DATE SIGNED
ACTUAL SIGNATURE RECTUAL SIGNATURE SIGNATU	4-62-
NAME (Type) FRANK S. 13 hoschart Address (Street, city, town, or county)	7 -0 2
226. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(Stata)
Oaro burial March 17, 1962 Glenwood Washington, D.	C
vs. AISME 1 1 23 EUNERAL DIRECTOR Tal Home, Inc. ADDRESS 240 REGISTRAR 24b. REGISTRAR'S SIG	INATURE
SM 9 60 Arlington, Virginia DATE MAR 1 5 '62 Chilling &	pigur.











DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PH. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution; Rasidence before admission) a. COUNTY b. COUNTY MONTGOMERY
b. CITY OR TOWN (Touts.de corporate imits, MARYLAND c. C TY OR TOWN (Ir outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) ,E after d STREET ADDRESS BETHESDA 6 days Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp ta, a ve street eddress) IS RESIDENCE ON A FARM? hours YES NO X Suburban completely 3. NAME OF Middle Year DECEASED OF (Type or print) DEATH 19 AGE THE YOUR and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months WIDOWED DIVORCED event. physician DAL OCCUPATION (Give kind of work увшех 10b. KIND OF BUSINESS OR NDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working tife, even if relired) 13. FATHER SNAMP SMAN Real Estate U.S.A please attending Leslie D. Measell Leslie D. Measell SR.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Fannie Reynolds 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) the Wife Jean K. Measell Same as above AL BETWEEN 18. CAUSE OF DEATH, Enter only one cause per ine for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physic IMMEDIATE CAUSE (a) DUE TO After this certificate has been gava rise to immediate cause DUE TO (a), stating the underlying as the to buring PART .. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 208 ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. Enter nature of injury in Part I or Part I of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After the should be detached ATTENDING be retained by 20d. IN URY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f, (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office b dg., etc.) While Not While Hour a.m. at work at work 21 I certify that (I) (this-hospital) attended the deceased from..... to and that death occurred at 7.35 M. from the causes and on the date stated above. saw the deceased alive on. 22a, SIGNATURE ATTENDING SIGNED PHYS. M.D. O FUNERAL director, page 3 22d. ADDRESS 22c. PHYSICIAM'S NAME (Type) Alfred S. Norton 238. BURIAL, CREMATION, 1 236. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY LOCATION (City, fown or county) REMOYAL (Specify) 0 Arlington Cemetery Burial 256, REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Pumphrey, Bethesda, Maryland 15M 9/60

death certificate be

STATE DEPARTMENT OF HEALTH



4. 1	MARYLAND STATE DEPARTMENT OF HEALTH
per la	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
DIR STATE	\$2489 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03482
HEALTH DEPT.	I. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where decessed lived, if institution; Res'dance before admission)
age, s.	Montgomery MARYLAND Maryland Montgomery
1 1 5 A	b. CITY OR TOWN (if putside corporate limits, write RURAL and of the nearest town) c. CITY OR TOWN (if outside corporate I mits, write RURAL and of the nearest town)
5 \$ \$ 4 VI).	Takoma Park DOA. Silver Spring
10 0 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	d. MAME OF HOSPITAL OR INSTITUTION (LEGT In hospite), give street eddress) d. STREET ADDRESS
er en	Washington Danitarium 1011 Brock Dr 1850 NOX
Stain Sta	3. NAME OF First Middle Last 4. DATE Month Day Your
The the	(Type or print) 100 (NM) Henick DEATH 3 7 1962
A Salah	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DAT OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Isst birthday) Months (Days Hours Min.)
and 2	WIDOWED DIVORCED 12-1-89 1/2-yrs.
# 2 8 2 2	10a. USUAL OCCUPATION (GIVe, kind of work done during most of working I, to avan if retirad) 10b. WHAT GOUNTRY?
ges . Pa	HOUSEWIFE RUSSIA
MA3 MA3 Wiff	13. FATHER'S MAIDEN NAME
E E E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT
18 18 18 18 18 18 18 18 18 18 18 18 18 1	(Yes, no. pr. l/num) (Ifyes give war or dates of service)
will will any any	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c),
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ancil Fira	IMMEDIATE CAUSE (6) ACUTE RIGHT & ROWARY OCCLUSION SUDDEN
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of Sports	gave rise to immediate course
ndin ner ner d as	(e), stating the underlying S DUE TO BRONCHO PNEUMONIA. ACUTE DAYS FEW
"Per Nam vam on,	- Martin transfer of the state
Tarie 7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CONTRIBUTION TO CONTRIBUTING TO CONTRIBUTION TO CONTRIBUTION TO CONTRIBUTION TO CONTRIBUTION TO CONTRIBUTION T
edice w	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. [Enter neture of injury in Pert I or Part II of Itam 18.)
	RIMARY or CONTRIBUTING CAUSE OF DEATH.
AMINER writing the writing the second of the	3 20c, TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f, (City or lown) (State)
CAN The Changer to the to	Hour a.m. While Not While fectory, street, office bldg., atc.) at work at work at work
DE TO THE Price	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
Partification of the state of t	death resulted from Natural causes XI. Accident . Suicide . Homicide . Undetermined manner
orwards DIRE	CHIEF MEDICAL EXAMINER
to Torw	SIGNATURE TRANS O. STONE AND ASSISTANT MEDICAL EXAMINER DATE SIGNED
DELITY I	EXAMINER'S DEPUTY MEDICAL EXAMINER 18 3- 0 / 2
JNE JNE de	Address (Street, city, lown, or county) 226-BURIAL, CREMATION, 225, DATE THEREOF 1 226, NAME OF CEMETERY OR CREMATIONY 1 224 LDCATION (City lown or county) (State)
Should should be	220 RURIAL, CREMATION, 225. DATE HEREOF 22c. NAME OF CENETRY OR CREMATORY 22d. DCATION (City, lown, or country) (Steta)
5 g 4 5 g	249. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE
VS. A15ME	100 Blood - THE PART THOUGH TO THE TO MAR 12 '62 Cuthing & Though
5M 9160	Tolkaneg Miller / 1/1- 7 Klabate
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03490

, PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03483

2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

M	1
,	

death. Page

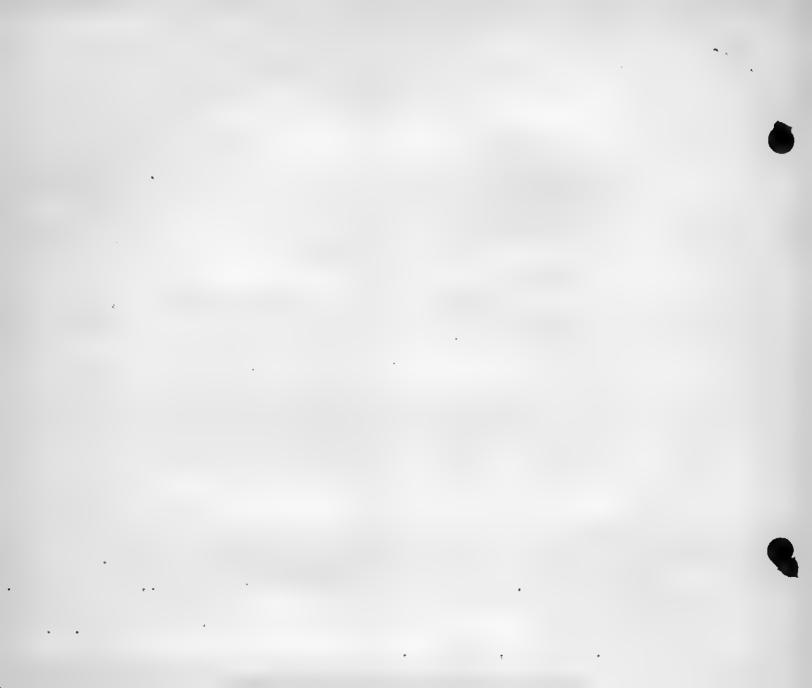
funeral director, uld be filed with may be retained.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

1 3

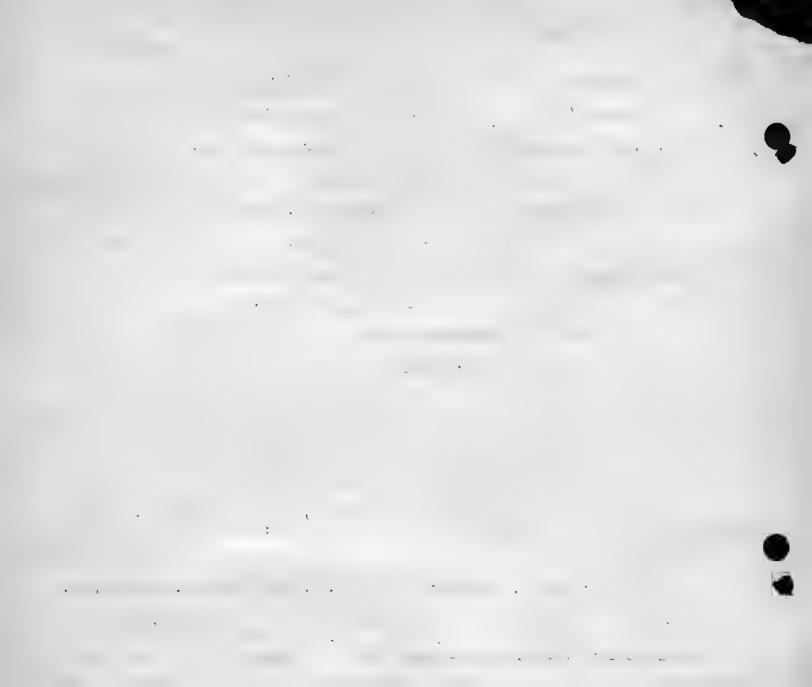
DING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPITAL VR A15 (4) 15M 9/59

	Montgomery	Co.	MARYLAI	1D	o. STATE Maryl	and t	COUNTY	Mont	gomer	У
	b CITY OR TOWN (If outside corporate timi RURAL and give negrest town)	ls, write c	LENGTH OF STAY IN	lb	c. CITY OR TOWN (If o	utside corporate lin	nits, write RUR	AL ond give	nearest town)
	Whea ton			1/	O Bethesda					
	 NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION 	ive street odd	dress)		d. STREET ADDRESS				a IS RES	IDENCE FARM?
	Wheaton Nursing	Home			14 North	Drive				№ 🔽
3	NAME OF Fir	sP	Middle		Lost	4. DATE OF	Manth		Day	Yeor
	(Type or print) Elizat		Pawson	-	Mider	DEATH	Mar.	27,		19 62
5	SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	_ _	ATE OF BIRTH	_ lost	birthdoy] [7	Months Da		R 24 HRS Min.
	Female Cau.	WIDOWED	The same of the sa		ly 8, 187	Т	90 yrs.			
00	 USJAL OCCUPATION (Give kind of work of during most of working life, even if retired 	dane 10b. KII	ND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (State	ar foreign country)		1 = -	iofwhatc i rali 2	- 49
	Housewife		n Home		England			U.S	A	eu –
3.	FATHER'S NAME			1	4. MOTHER'S MAIDEN N	AAME				
	George Pawson				3	Mary	Bree	dley		
5- (Ye	WAS DECEASEDEVER IN U. S. ARMED FOR	CES? 16. 50	CIAL SECURITY NO.	7, INFO	Sot.	1	Addres	RD	#1	
	No	J	None	Ker	nneth Mide	er	Horn	ell,	New 3	ork
	1B CAUSE OF DEATH [Enter only one co	use per line t	for (a), (b), and (c).						NTERVAL BE	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) (CEREBRAL		THROMBOSI.	S				445
	DUE TO									,
	Conditions, if any, which	, (EREBRAL	. A.	RTERIOSCLO	EROSIS			UNDETE	RHINE
	gove rise to immediate DUE TO	f-								
	lying cause lost.)								
Z	PART II. OTHER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN	IN PART 1	19. WAS	AUTOPSY RMED?
CAT										NO 💭
THE	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRI	IBE HOW INJURY OCC	JRRED (E	inter nature of injury in I	Part 1 or Port II of	item 18.)			
Ü	(IF EITHER, NOTIFY MEDICAL EXAMINER)									
CAL	20c TIME OF INJURY Month, Day, Yes			PLACE	OF INJURY (Home, form	20f. (City or tov	vn)	(Cour	nty)	(Stole)
MEDI	Haur o. m. p. m.	While of work	Not while at work	racran	, street, affice bldg., etc	1				
	21 I certify that (I) (this haspital	1 ottender	d the deceased fro	m /	2/26/6/ 10	to	3/27	, 1962,	that (I) (المسالحين
	sow the deceased alive on	_ /			th accurred at 3 ' 4		7			
	22a. SIGNATURE	-5 /	, did iii	Di ded	in discorred dig. As	Se filom me c	doses ond		22	b DATE
	John	, H.	Much	/ M.D	ATTENDING MI	ED. STA	VS 🗆	Mar.	27,1	962
	22c PHYSICIAN'S		7	- 711.52 	22d. ADDRESS					
	NAME (Type) JOHN N.	. TUO	HY		7720 Wi	sconsin	Ave.	, Bet	hesda	a, Mo
23	BURIAL, CREMATION, 236 DATE THEREC	OF I	23c NAME OF CEMETE	RY OR C	REMATORY	23d, LOCATION (City, town or	county)	(Stot	e)
	REMOVAL (Specify) 3/30/62		Arkport				·	**	,	7
24	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	ACTIVE.		D BY REGISTRAR	en Cor	RAR'S SIGN	ATURE	•
	Robert A. Pumphre	ey, Be	ethesda,	Mary	land DATE M	AR 2 8 162	(7)	lun 2. 4	trans	



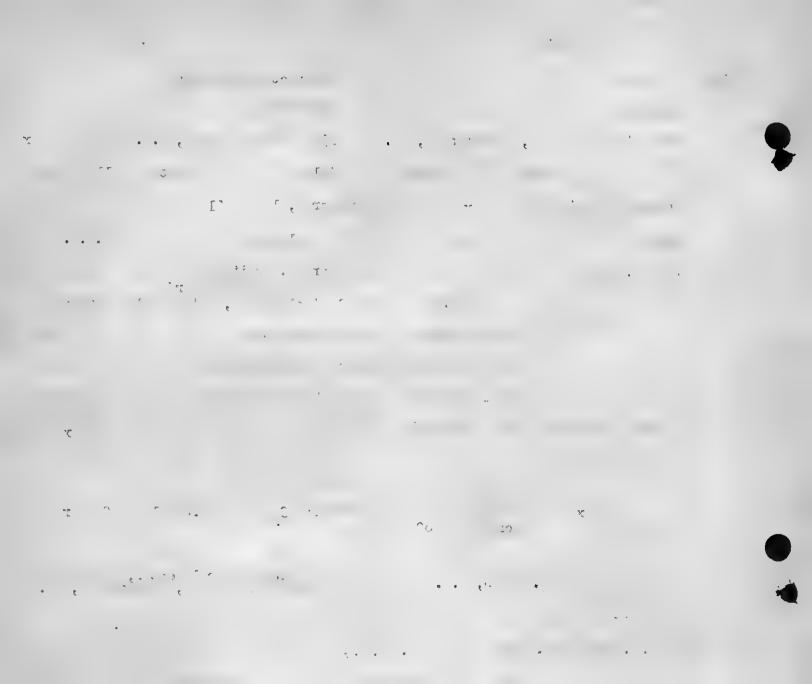
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before adm ssion) a. COUNTY a. STATE b. COUNTY Montgomery North Carolina MARYLAND b. CITY OR TOWN (if outs de corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Bethesda (Rural) 13 davs Jacksonville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO T U. S. Naval Hospital Howerton Apts. Apt 4. DATE Middle DECEASED (Type or print) DEATH Robert Dale Milks March 20. 6 COLOR OR RACE 7, MARRIED NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years last birthday) January 28, 1962 WIDOWED DIVORCED Male Caucasian 20 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & State, or foreign country) done during most of working life, even if retired) Child USA Tenn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME d Richard Milks Nancy Lawrence 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Meningomyelocele IMMEDIATE CAUSE (a) DUE TO Hydrocephalus Conditions, if any, geve rise to immediate cause (e), steting the underlying PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 1 20f. (City or lown) (County) (Steta) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While at work st work 21. I certify that X) (this hospital) attended the deceased from March 7,, 1962, to ...March 20, 19.62 that (X (we) last 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR March 21, 1962 1 March PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Frederic A. Schulaner LT MC USN U. S. Naval Hospital, Bethesda, Md. 23a BURIAL, CREMATION, 1 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown or county) (Steta) <u>چ</u> ۾ پ REMOVAL (Specify) 0 Arlington, Virginia Arlington National Buria ADROCKVILLE, Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ISM 7/61 Home, Rockville Pike, arthur & House

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03492 I. PLACE OF DEATH 2. USUAL RESIDENCE (Whate deceased lived, if institution; Residence before adm ssign) e. COUNTY b, COUNTY District of Columbia Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give neerest town) c LENGTH OF STAY IN 16 write RURAL and give nearest town) Washington 16 davs Bethesda e. IS RES DENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va street address) d. STREET AGORESS 1360 Peabody Street, N.W. Apt 4 YES NO IN The Clinical Center, Bethesda 14, Md. 3. NAME OF Middle 4. DATE DECEASED OF Miller Edna Iorena DEATH March (Type or print) 9. AGE (in yeers | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BRTH IF UNDER 24 HRS. last birthdey) Months Days October 6, 1890 Female White WIDOWED T DIVORCED -10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. 8 RTHPLACE County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. None Illinois None phy er 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Mary U. Armitage Levi G. Nutt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT The Medical Records (Yes, no, or unkown) ((Ifyes give were reales of service) No The Clinical Center, Bethesda lk, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b., and (c),) 12 hours Massive gastrointestinal hemorrhage hours IMMEDIATE CAUSE (a) DUE TO Acute multiple gastric & duodenal ulcers days geve rise to immediate cause DUE TO (e), stelling the underlying [c] Post op state total pelvic exenteration days PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G. VEN IN PART I(a) 19. WAS ALTOPSY PERFORMED? Adenocarciboma of uterine cervix YES 🙀 NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s. PLACE OF INJURY (Homa, farm, 20f, (City or fown) (County) (Slale) 20c. TIME OF INJURY Month, Cay, Year 20d. INJURY OCCURRED I factory, street, office bldg , etc.) While Not While Hour e.m. at work et work 21. I certify that (X (this hospital) attended the deceased from February. saw the deceased alive on A March 12 22e SIGNATURE SIGNEO ATTENDING PHYS. X DIRECTOR 22d ADDRESS The Clinical Center. 22c. PHYSICIAN Pilch. Institutes of Health, Bethesda 14, 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stelle) 23a. BURIAL, GREMATION, 23b. DATE THEREOF Rock Creek Cemetery Washington. D.C. 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR'S SIGNATURE VIII A15 (4) S.H. Hines Co., 2901 luth St. DATE MAR 1 Outland S. Thomas 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03486
1)	1. PLACE OF DEATH a. COUNTY Montgomery Maryland 2. USUAL RESIDENCE (Where deceased hved, if institution, Residence before edge as STATE Maryland b, COUNTY)
	b. CITY OR TOWN (if outside corporate limits,
	write RURAL end give nearest lown) Bethesda (Rural) 2 hr. 20 min Silver Springs
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) U. S. Naval Hospital ON A YES T
}	3. NAME OF First Middle Last 1.4. DATE Month Day Year
	OF OF OTHER THE MARCH 14, 19
ı	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 2
	Female Caucasian wipower Divorced March 14, 1962
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CO
	13. FATHER'S NAME
7	George G. Milne III Virginia Gerhold Poehlman
1/	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown), [Hyesgive were releast service]
	No Hospital Records
	18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c).) PART I, DEATH WAS CAUSED BY ONSET AND D
	immediate cause (*) Prematurity and Immaturity
	Conditions, if ony, which (b)
	geve rise to immediate causa (e), stating the underlying DUE TO
	ceuse lest. (c)
2,	PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110. PREFORM 1. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110. PREFORM 2.00 ACC DENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OF CONTRIBUTING [] CAUSE OF DEATH ITEM 2.00 DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
	20s ACC DENT WAS UNDERLYING [] 20s DESCRIBE HOW INJURY OCCURED. (Enter nature of intury in Pert I or Pert II of item 18.) OP. CONTRIBUTING [] CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER!
	20c. TIME OF INJURY Manth, Day, Yeer 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Street, office bldg., etc.) Hour a.m, White Not White et work et work et work
	21. I certify that (1) (this hospital) attended the deceased from March 14, 19 62 to March 14, 1962, that (4) (v
	saw the deceased alive on March 14 1982, and that death occured at 6:30AMom the causes and on the date stated
	22e SIGNATURE 22b.
	22d ADDRESS
	NAME (Type) FREDERIC SCHULANER, LT MC USN U. S. Naval Hospital, Bethesda, Md.
	23e. BUR'AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Shing REMOVAL (Specify)
	Burial 3-20-62 Arlington National Arlington, Virginia
	24 EUNERAL DIRECTORIS, SIGNATURE ADDRESORVILLE, Md. 256. REC'D BY REGISTRAR'S SIGNATURE
	Tyson-Wheeler Funeral Home, Rockville Pike, DATMAR 19'62 Osthur & Thomas



277		04499	Iter	CERTIFICA	TE OF DEAT	iwk	C	3488
Y17		PLACE OF DEATH			2. USUAL RESIDEN			esidence before adm s
\forall		Montgome	r'y	MARYLAND	a. STATE Loui	siana	b. COUNTY	/
		b. CITY OR TOWN (if outside corp write RURAL and give nearest	orate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	outside corporate lu	mits, write RURAL and	give nearest town)
		Bethesda (Ru	' '		Bossier	City		
1		d. NAME OF HOSPITAL OR INSTIT	TUTION (if not in ho	spilel, give street address)	d. STREET ADDRESS			. IS RESIDE
		U. S. Naval	Haspital		2/17/1 /27	ington Pla	200	YES NO
		NAME OF	First	Middle	Last	4. DATE	Month	Dey Yeer
		DECEASED (Type or print)	Jovce	Leigh	Mitchell	OF DEATH	Mamah Ili	10 60
	5.	SEX 6. COLOR (B. DATE OF BIRTH	19. AGE	March 14,	19 62 YEAR IF UNDER 24 1
		Fomelo			27	last b	irihday) Months C	ays Hours M
	10e	Female Cauc	casianwow	ED DIVORCED [] KIND OF BUSINESS OR INDUST	Nov. 29, 196			13 '
	do	ne during most of working life, eve	n if retired)	MILE OF PROBLEMS ON MINOS		# the State Of Total gir	12. 6711	
	13	FATHER'S NAME			Louisiana	NA ACE	'	USA
_	10.							
T Y	15	Russell A. Mite		FOCIAL SECURITY NO. 17	Nannette	Marshall		
	(Ye	s, no, or unkown) (Ifyesgivewero	rdetesofservice)	. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
		0		M	other: Mrs. N	annette Mi	tchell, Sa	ame as #2
		18. CAUSE OF DEATH JENIOR PART I. DEATH WAS CAUS			0 11 - 1 -			INTERVAL BETWEE
		IMMEDIATE C	AUSE (a)	malnut Al	Heart I	Justo-	2	
		7 4 5	DUE TO	momalo	0 1		1	34-13
		Conditions, if any, which	(b)_	momalo	us fill	ionary (know	3mo13
		(e), stefing the underlying	DUE TO	p.t	~			
					2 A A			
		cause last.	(c)	Det.	un			
	N	cause last.	1-7	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	IAL DISEASE CONDIT	MON GIVEN IN PART	
Z	ATION	cause last.	1-7	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	IAL DISEASE CONDIT	MON GIVEN IN PART	1(a, 19. WAS AUTO PERFORME YES A NO
Z	TIFICATION	PART II. OTHER SIGNIFICAN 20e ACCIDENT WAS UNDERLYI	T CONDITIONS CO	NTRIBUTING TO DEATH BUT IN			~	PERFORME
Z	CERTIFICATION	PART II. OTHER SIGNIFICAN	T CONDITIONS CO				~	PERFORME
え	اوا	PART II. OTHER SIGNIFICAN 200 ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF	T CONDITIONS CO.	SCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in I	Pert I or Pert II of Item	18.)	YES A NO
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Z	MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICAN 20e ACCIDENT WAS UNDERLYI OR CONTRIBUTING T CAUSE OF (IF EITHER, NOTIFY MEDICAL EX 20c. TIME OF INJURY Month, Hour a.m. p.m.	T CONDITIONS CO	SCRIBE HOW INJURY OCCURE INJURY OCCURRED 200. PL The Not While feet strong st	D. (Enter nature of injury in f ACE OF INJURY (Home, farm lory, street, office bldg., etc.	ert I or Pert II of Item	n) (Coun	PERFORMEI YES NO YES (Stelle
Z	اوا	PART II. OTHER SIGNIFICAN 200 ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EX 20c. TIME OF INURY Month, P.m. 21. I certify that (IX (this	T CONDITIONS CO. NG	INJURY OCCURRED 200. PL o Not While of the deceased from	O. (Enter neture of injury in face of injury in face of injury (Home, face ottory, street, office bidg., etc.	20f. (City or low	n) (Coun	PERFORMED YES AND (Stote
え	اوا	20e ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF CONTRIBUTING AUST OF CONTRIBUTING AUST OF CONTRIBUTING AUST OF CONTRIBUTING AUST OF CONTRIBUTION AND ADDRESS OF CONTRIBUTION AND ACCORDANCE OF CONT	T CONDITIONS CO. NG	INJURY OCCURRED 200. PL o Not While of the deceased from	O. (Enter neture of injury in face of injury in face of injury (Home, face ottory, street, office bidg., etc.	20f. (City or low	n) (Coun	YES A NO (State (State (State (State (State (State (Me) (Me) (Me) (Me) (Me) (Me)
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Z	اوا	20e ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF CAUSE	T CONDITIONS CO. NG	INJURY OCCURRED 200. PL fee nk stwork of the deceased from LH.,19.62, and the	ACE OF INJURY (Home, farm lory, street, office bidg., etc. March 1,	20f. (City or low 1962., to]	March 19.6 causes and on the	PERFORMED YES AND (Stote
2	اوا	20e ACCIDENT WAS UNDERLY! OR CONTRIBUTING CI CAUSE OF CONTRIBUTING CI CAUSE OF CONTRIBUTING CI CAUSE OF CONTRIBUTION CI CAUSE OF CONTRIBUTION CONTRI	T CONDITIONS CO. NG 20b. DEI F DEATH AMINER Day, Yeer 20d. Whill st wo s hospitel) after nMarch	INJURY OCCURRED 200. PL for many order the deceased from LH.,19.62, and the	ACE OF INJURY (Home, farm lory, street, office bldg., etc. March	20f. (City or low 1952., to14 208Mirom the	March 19.6 causes and on the S. X March	PERFORMENT NO State No
2	MEDICAL	20e ACCIDENT WAS UNDERLYI OR CONTRIBUTING TI CAUSE OF (IF EITHER, NOTIFY MEDICAL EX 20c. TIME OF INJURY Month, p.m., 21. I certify that (IX (this saw the decessed elive of 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) M. C.	T CONDITIONS CO	INJURY OCCURRED 200. PL for the st work 1 and the deceased from 14.,19.62, and the	ACE OF INJURY (Home, farm lory, street, office bldg., etc. March L.,, t death occured att.; t death occured att.; 22d. ADDRESS U. S. Na:	20f. (City or low 20f.) to1420f. The phy val Hospit	March 19.6 Causes and on the stal, Bethes	PERFORMENT NO (Stellar No
2	MEDICAL	20e ACCIDENT WAS UNDERLY! OR CONTRIBUTING CI CAUSE OF CONTRIBUTING CI CAUSE OF CONTRIBUTING CI CAUSE OF CONTRIBUTION CI CAUSE OF CONTRIBUTION CONTRI	T CONDITIONS CO. NG 20b. DEFORTH AMINER 19 20d. While 19 19 19 19 19 19 19 19 19 19 19 19 19	INJURY OCCURRED 200. PL fee st work 100 Mile at work 100 Mile 100	ACE OF INJURY (Home, farm lory, street, office bldg., etc. March L.,, t death occured att.; t death occured att.; 22d. ADDRESS U. S. Na:	20f. (City or low 1962., to]4 20f. Mirom the RECTOR PHY	March 19.6 causes and on the stal, Bethes (City, town or county)	PERFORMENT NO (State No
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2	WEDICAL 23e	20e ACCIDENT WAS UNDERLY! OR CONTRIBUTING COURSE OF CAUSE OF CAUSE OF COURSE	T CONDITIONS CO. NG 20b. DEI F DEATH AMINER Day, Yeer 20d. Whill st wo s hospitel) after n March O BANNO ATE THEREOF	INJURY OCCURRED 200. PL. 100 Pt. 100 P	ACE OF INJURY (Home, farm lory, street, office bidg., etc. March 1,	20f. (City or low 1962., to]	March 19.6 causes and on the service of the ser	PERFORME YES A NO (Sield (Si

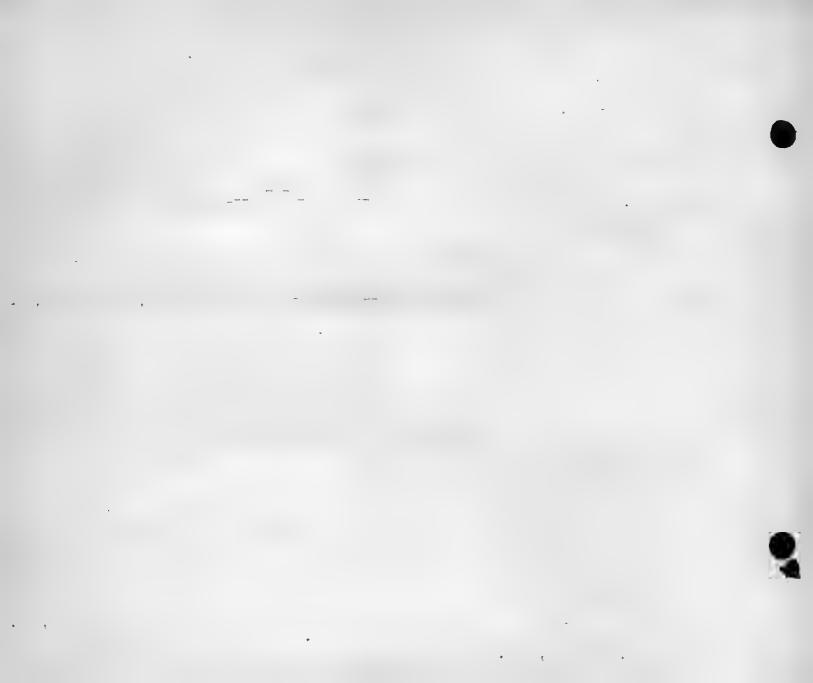


OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence bafora adm ssjon) 1. PLACE OF DEATH . COUNTY COUNTY New York Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerast town) write RURAL and give neerest lown) 31 days Bethesda New York d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d STREET ADDRESS a. IS RES DENCE ON A FARM? The Clinical Center, Bethesda 14, Md. YES NO K East 90th Street 4. DATE Year Month DECEASED OF (Typa or print) DEATH 19 (No middle name) March Mittenthal 6. COLOR OR RACE 7. MARR ED THEYER MARRIED AGE (In years | IF UNDER | YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Days Hours Female White WIDOWED | DIVORCED September 10a. USJAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Medical Secretary Medical 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAM Penjamin Rogatz Rosebelle Alexander 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT The Medical Records (Yas, no, or unknown) I (If yes giva war or datas of servica) Not available The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [finiar only one cause per ina for (a), (b), and (c)] ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac arrythmia Congestive heart failure minutes gave rise to immediate cause DUE TO (e), stating the underlying Scleroderma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19. WAS AUTOPSY PERFORMED? NO 206. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of Hem 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20a PLACE OF INJURY (Home, farm, 20f. (City or town) (Stata) 20c. TIME OF INJURY Month, Day, Yaer factory, street, office bldg., atc.) While Not While 9:30 1502, to March E....., 102., that XIX (we) last 21 I certify that (1) (this hospital) attended the deceased from 1 eb. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. March 8, DIRECTOR PHYS. 22c. PHYSIC AN'S 22d. ADDRESS The Cirical Center, National NAME (Type) Institutes of Health, Bethesda 14, Md. Thomas Vates 230 BURIAL CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR EREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Spacify) 058 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



03489CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decegsed lived. If institution: Residence before admission) COUNTY COUNTY MARYLAND b. CITY OR TOWN (If outside exporate limits, write) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (# detside corparate limits, write RURAL and give nearest town) 28 RURAL goeygive nearest to D d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO SK NAME OF Middle 4. DATE Year Month DECEASED OF DEATH (Type or print) 19 5 SEX 16 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE QE-BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last biethday) Manths Days Hours WIDOWED [10a USJAL OGCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 12. CITIZEN OF WHAT COUNTRY? during most of working ife, even if retired) Auto mechanic Puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME First name--Bertha 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Howard Donald Moore 40th Place, Hyattsville, Md. 18. CAUSE OF DEATH | Enter only one cause per lipe for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** couse (a) stating the underlying couse last. WAS AUTOPSY PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TORMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? YES NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18) 20g. ACC.DENT WAS UNDERLYING □ OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while at wark of wark p. m. 19 62 that (1) (we) last 2) I certify that (1) (this haspital) attended the deceased from. 1967, and that death accurred at M. fram the causes and on the date stated above. saw the deceased alive on 22a SIGNATURE 22b, DATE ATTENDING PHYS SIGNER STAFF PHYS. M D DIRECTOR | 22c. PHYSICIAN'S 22d ADDRESS NAME (Type TONER 23d BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, or county) page the St REMOVAL (Specify) 3-29-62 Suitland Prince George's Co. Md. Cedar Hill Cemetery Buria! Raymont HADDRES 8434 Georgia Ave 250, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE Z MAR 3 0 '62 Culling S. Thous Inc. Sifver Spring. Marylandpate Warner E. Pumphrey. 15M 9/59



		MARYLAND STATE DEPARTMENT OF HEALTH	
787		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
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S P		Carroll Hall Sant. 2744 Branbywine St. N.W. YES NO [1
sper 72		3. NAME OF First Middle Lest 4. DATE Month Day Year OF Lillian Middle Alcore OF DETAIL MARCH 7 1962	
еже потр Ніп		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HR	5
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tific sicia mov		dona during most of working life, even if retired)	
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ing lease	T	Samuel M. Lightfoot Mary A. Nelson	
e de de lend		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address	_
e att		No 578-12-0510 Mrs. Darnell Crain Jr. (Same AS 2)	n
i tha an. y th nii.		18. CRUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH	2
d by period		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (B) LOBAR PUEUMONIA	
Pagingne igne		L. DUETO	
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ENT Stann Sp. de de		21. I certify that (I) (this hospital) attended the deceased from Oct. 19.37 to MARC/+ 7, 1962, that (I) (we)	lasi
H O D O		saw the deceased alive on MARCH and 19.6.2, and that death occured at 45.M, from the causes and on the date stated abo	
State		228. SIGNATURE 22b. DATENDING MED STAFF 22b. DATE	1/
14.1 mg		M.D PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	62
RAI RAI RAI	1	22c. PHYSICIAN'S NAME (Type)	
A S E S E	,	CHEST CHASE all	
Harrie Ct.		23e. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL [Specify] March9, 1962 Cedar Hill Suitland Md.	
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ND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaased lived, if institution: Residence before edmission) # COUNTY a. STATE **b.** COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside corporate limits, write RURAL and give needst town) RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? retained he State E 3. NAME OF DAME OF DECEASED (Type or print) DEATH 196 ×.it 6. COLOR OR RACE 7. MARRIED ANEVER MARRIED 8. DATE OF SIRTH 5 may d 2 with 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) - Months Male WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (Stale or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if ratirad) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin T. Moore Jessie Grayson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivawerordetesofservice) Moore. margant 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH H WAS CAUSED BY: " in pencil i DUE TO gave rise to immediate cause DUE TO (a), steting the undariting besu i cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01 19, WAS AUTOPSY 2 PERFORMED? Medical should be NO X 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part | or Part |) of Item 18.1 PRIMARY OF OF CONTRIBUTING TO 21. INJURY OCCURRED, 200, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yaar 20f. (City or town) (County) (State) factory, street, office bldg., atc.) at work et work 1962 Inspection X and in my opinion death resulted from. Natural causes Accident Suicide X. Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be for FUNERAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER EXAMINER'S NAME [Type] Address (Street, city, town, or county) 22s. BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or country) bur_al (Spacify) 940 g Glenwood Cemetery Washington. D.C. 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Hines Company 5M 9/60 DATE



1	72	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND					
	· Call		03499 CERTIFICATE OF DEATH 03492					
Page director		1.	PLACE OF DEATH a. COUNTY MARYLAND AMARYLAND AMARYLAND O. STATE D. COUNTY MARYLAND					
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may b FUN Page 3		23	a BURIAL CREMATION 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOGAT.ON (City Jown, or county) (Stole) REMOVAL (Specify March 12-6). Celler Acl Consider Security Security Security					
VR A15 (4) 15M 9/59	R	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. EC'D BY REGISTRAP'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE ADDRESS ADD					
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fer death. Page 4







RESTON STREET, BALTIMORE 1, MARYLAND funeral USUAL RESIDENCE (Where deceased kved, If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY 문건 ILANAMAN AND Md. Montgomery and b. CITY OR TOWN (if outside corporate ly) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) (Silver Spring .E T OVIANEAT d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO K 31 Dallas Ave papers. n 72 ho NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH and con AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF last birthday) Monthsi Days WIDOWED V DIVORCED attending physician Then please remove 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? BIRTHPLAZE (County & State, or loreign country) done during most of working life, even if retired) Housewife Home E 13. FATHER'S NAME George 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknwn) | ilfves give wer or detes of service) Brooke Grove Foundation - Olney. Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause-per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE CERTIFICATION 95 PERFORMED 2De. ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING [CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Dey, Year , 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 2Di, (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour e.m. al work et work 21. I certify that (I) (this mospital) attended the deceased from.......... ..., and that death occured at J. S.M., from the causes and on the date stated above. saw the deceased alive on 22b. DATE ATTENDING 22e S GNATURE SIGNED DIRECTOR M.D 22d, ADDRESS 22c, PHYSICIAN'S COCATION (by, town or county) 238, BURIAL, CREMATION, 236, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. .Stete) REMOVAL (Specify) Round Hill North Carolina Removal 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7,61 C' . July & Thank DATE MAR Francis H. Barber Laytonsville. Md.

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be retained DIRECTOR: Af

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution; Residence before admission) a. COUNTY **b.** COUNTY Montgomery Marvland MARYLAND Montgomery b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Bethesda 8 hrs. .5 Kensington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RES. DENCE ON A FARM? Suburban Hospital YES NO TO Blueford Road 3210 completely 3 NAME OF 4. DATE Month Midd.e DECEASED OF March 3. (Type or print) DEATH 62 Claire 19 Η. Nochera 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Hours Female WIDOWED X DIVORCED 1Da. USUAL OCCUPATION (GIVe kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 STRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Registered Nurse Nursing Pennsylvania nding ph please r 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 9 aftending | and Thomas Hughes Mary Rose Gunning 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyes givewarordates of service) Yes. Address no. Thomas Hughes Son - same above 1B. CAUSE OF DEATH (Enter only one cause-per line for (a), (b), and (c), (INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate causa DUE TO (a), stelling the underlying PART II. OTHER S GN FICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a); 19. WAS AUTOPSY PERFORMED? 200, ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of mury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 2De, PLACE OF INJURY (Home, form,) 20c. TIME OF INJURY Month, Day, Yeer 2Df. (City or town) (County) (State) fectory, straet, office bldg., etc.) While Not While Hour a.m. et work at work 1954 that (we) last 21 I certify that (this hespital) attended the deceased from. and that death occured ake. M, from the causes and on the date stated above. saw the deceased alive or 2b. DATE 22a, SIGNATUR 5. GNED ATTENDING D RECTOR PHYS. PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME [Type] Bethesda, Marvland G. Angle Robert 236. BURIAL, CREMATION, | 235. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, fown or county) (Stete) Silver Spring Gate of Heaven Cem. OH 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VIII A15 (4) 15M 9/60 " Thracea



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03495 93502 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) · COUNTY **b** COUNTY MARYLAND CITY OR TOWN (If outside orporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rs 3mo d. NAME OF HOS ITAL (If not in hospital, give street address)
OR INSTITUTION e IS RESIDENCE d. STREET ADDRESS YES 🔲 NO 🍒 nensination Gardens NAME OF First Middle 4 DATE Month Day Year DECEASED (Type or print) DEATH 19 ar 5 SEX 6 COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED B lost birthdoy) Months Dovs Hours DIVORCED T WIDOWED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Pod 2 lumber 13. FATHER'S NAME 17. INFORMANT 15 WAS DECEASED EVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 20e. PLACE OF NJURY (Home, form, | 20f. (City or town) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (State) (County) foctory street, office bldg, etc.) Hour om White Not white of work p. m. ol work 1965 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from. and that death occurred at XI.M. from the couses and on the date stated above. saw the deceased alive an_ 220 S GNATURE 22b DATE SIGNED ATTENDING MED DIRECTOR FUNERAL DIRECTORS STATES AND STAT PHYS M.D. 22c PHYSICIAN'S 22d ADDRESS NAME (Type) 23a BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 24 FUNERAL DIRECTOR'S SIGNAT 25b. REGISTRAR'S SIGNATURE **ADDRESS** in 1 is Thank DATE MA

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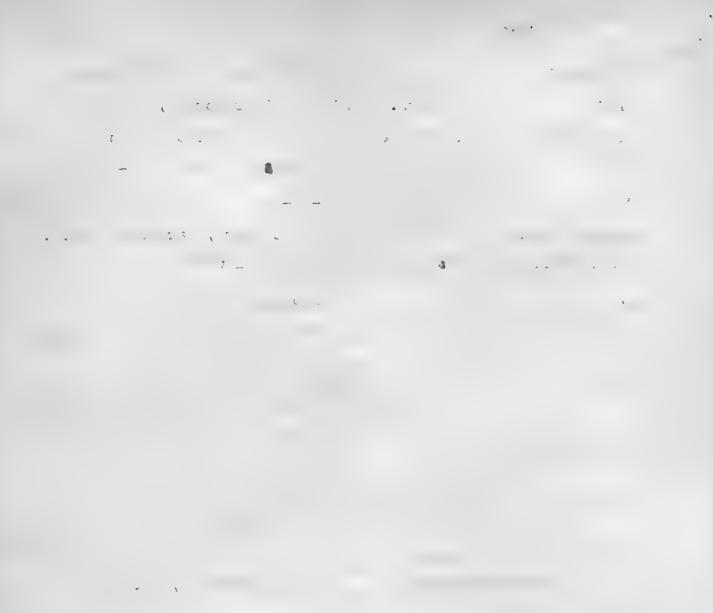
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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03496
M	I. PLACE OF DEATH a. COUNTY MONTGOMERY MABYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest lown) c. LENGTH OF STAY IN 1b c. LENGTH OF STAY IN 1b
e de la constante de la consta	OLNEY 8hrs. 10 min Silver Spring. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g.va street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM
	3. NAME OF first Middle Last 4. DATE Month Day Year OF DECEASED (Type or print) BABY BOY OWEN DEATH 3 - 17 19 62
	5. SEX MALE White Widowed Divorced 3-17-62 Whorks Devs Marked Widowed Divorced 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if refixed) 10c. VISUAL OCCUPATION (Give kind of work done during most of working life, even if refixed)
	new born infant Montgomery, Maryland U.S.A. 13. FATHER'S NAME Helen Kidwell Helen K
U	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give were redates of sarvice) hospital records
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (e) Pulmonary Atelectosts Conditions, if eny, which gave rise to immediate cause (e), stelling the underlying Couse lest (c) Bilotsyd Advance (Covtical)
1	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART It) 19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, Hour e.m., p.m. 19 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, factory, straet, offica bldg., atc.) 20f. (City or town) (County) (Stete)
	21. I certify that (I) (this hospital) attended the deceased from
i	NAME (Type) Jack Schumacher Gaithersburg, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 3/21/62 Presbyterich Cemetery Boyds, Maryland (Stelle)
Ro	24 FUNERAL DIRECTOR'S SIGNATURE ral Home-1330 DATE MAR 2 2 '62 Cittley & Home

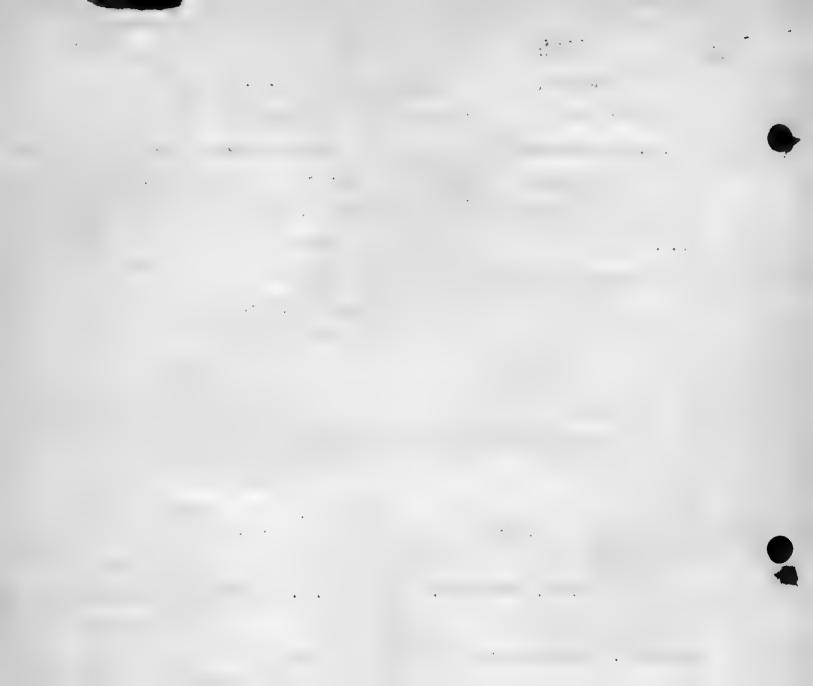


ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution: Residence before admiss on) Montgomery District Of Columbia MARYLAND b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Be thesda Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give streat address) d. STREET ADDRESS IS RESIDENCE ON A FARM? The Clinical Center, Bethesda 14, Md. 1914 Connecticut Ave., YES NO 3. NAME OF M ddle DECEASED Zelma Ozols DEATH March 14. Al exandra (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B DATE OF BIRTH Months Days Female White July 3, 1902 WIDOWED A 10e. USUAL OCCUPAT ON (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. 8 RTHPLACE (County & Stella or fore gin country) , 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Librarian Library Latvia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander Bergmanis Emilie Kavoul , 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unkown) (If yes give weror detes of service) The Clinical Center, Bethesda 14, Maryalnd 18. CRUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage into L. Hemithorax IMMEDIATE CAUSE (a) DUE TO 18 months Aplastic anemia Conditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying Multiple myeloma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 19. WAS AUTOPS CERTIFICATION PERFORMED? NO T 20n. ACCIDENT WAS UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, Enter nature of mary in Part t or Part II of Item 18.) 2Dc. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or lown) (County) (Stefe) factory, street, office b dg., etc.) Not While MEDI While Hour a.m. et work et work 22a. SIGNATURE ATTENDING March 15. PHYS. A DIRECTOR The Clinical Center, National 22c. PHYSICIAN'S NAME (Type) Marvin Lewis. M.D. Institutes Of Health. Bethesda 14. Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23E. JAME OF CEMETERY OR CREMATORY Washington, D.C. Rock Creek Cemetery ADDRESS Wash . D.C. | 250, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) The S.H. Hines Co. 2901 14th St. N.W. 15M 9/60 DATE MAR 1 9 '62 Cathar & Mayo

MARYLAND STATE DEPARTMENT OF HEALTH

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY **b.** COUNTY by the and 2 death. Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tewn) write RURAL and give nearest town) Washington Bethesda (Rural) 63 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? U. S. Naval Hospital 5626 Massachusetts Avenue NW YES NO NAME OF Midd e DECEASED (Type or print) DEATH 20, Wendell Anthony Parker March 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED DIVORCED requires that the death certificate Male Caucasian May 10, 190 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life leven if retired) Lakewood, Ohio USA M.D. attending pl Then please in and in a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Wendell Parker 15. WAS DECEASED EVER NU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) physician. Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. arcinoma, stomach IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which geve rise lo immediale cause DUE TO (a), stating the underlying PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I a) 19. WAS AUTOPSY S E PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. IC.ty or town) (County) (Stete) factory, street, office bldg., etc.) Hour am. While Not While MEDI be retained TRECTOR: at work at work 21 I certify that A (this hospital) attended the deceased from Jan. 15, 1962 to March 20,19 52 that A) (we) last March 20, 19 62, and that death occurred at 5. 15 A Norm the causes and on the date stated above. 22b. DATE 220 SIGNATI ATTENDING Jeath. Pas. 1 O FUNERAL I director, page 3 March 20, 1962 DIRECTOR PHYS. K PHYS. 22d, ADDRESS NAMI JOHN W. BRACKETT JR. U. S. Naval Hospital, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 1 23d LOCATION (City, fown or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Arlington, Virginia Burial Arlington National ONE OL DIRECTOR'S SIGNATURE ABethesda, Md. 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) 15M 7 61 Funeral Home, 7557 Wisc. Ave DATE WAR 2 2 '62



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside c. CITY OR TOWN (I outside corporate smits, write RURAL and give necrest town) c == d. NAME OF HOSPITAL OR INSTITUTION (if not . 5 RESIDENCE hospitel, give str ON A FARM? YES NOR committeely 3. NAME OF DATE Year Middle Month DECEASED DEATH (Type or print) within 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OF RACE 7. MARRIED TI NEVER MARRIED T last birthdey) a∎d carb Months Days Hours WIDOWED Y DIVORCED event, 10e. USUAL OCCUPATION (Give kind of work **∏**hysician 10b. KIND OF BUSINESS OR INDUSTRY 11 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Housewife Own home 13. FATHER'S NAME please E. and ARMED FORCES? 16, SOC AL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | [If yes give wer or detes of service) Alice P. Berger 917 Dale Dr. Silver Spring, Md. None None attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), i INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stelling the underlying cause last PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? 8 0 1 20e. ACCIDENT WAS UNDERLYING _ 20b. DESCR BE HOW INJURY OCCURED, (Enter nature of in any in Part of Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. IN.URY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stelle) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bidgi, etc.) Not While While Hour e.m. et work al work RECTOR: 1104. 1. A. L., 194. that (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from the letter. 19.6 and that death occured at M.M. from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING. **包** DIRECTOR PHYS. Det Corne PHYS. 31-62 death. Page 4 for, page led with the 22d. ADDRESS 22c. PHYSICIAN'S J. Richards NAME (Type) 10.110 Georgia Ave. Silver Spring, Md. Edward 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 236. BURIAL, CREMATION, | 236 DATE THEREOF (Stete) REMOVAL (Specify) Washington, D.C. Congressional Cemetery 0 5 3 Burial 24 FUNERAL DIRECTOR'S SIGNATURE TOUTHER 7 ADDRASH 34 Georgia Ave 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 5 '62 15M 9/60 Inc. Silver Spring, Maryland DATMAR C. Court S. Flence Warner E. Pumphrey.

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

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1 1		MARYLAND STATE DEPARTMENT OF HEALTH			
4	Mr.	CERTIFICATE OF DEATH 03501			
the funera		PLACE OF DEATH o. COUNTY Montgomery Maryland b. COUNTY Montgomery Maryland c. CITY OR TOWN (If ourside corporate limits, c. LENGTH OF STAY IN 1b) C. CITY OR TOWN (If ourside corporate limits, write RURAL and give neerest town)	ssion)		
in 24 Pages len ins afferde	1	write RURAL and give neerest town) Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) on A F/	ARM?		
ompletely man papers. Par nin 72 hours		NAME OF First Middle Lest 4. DATE Month Dey Yeer OF OF DECEASED (Type or print) Erma S. Potts DEATH March 20 19 6	2		
cate be e ian and convertivent, with		03. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11. BIRTHP. ACE (County & Steller, or fore gn country) 12. CITIZEN OF WHAT COU	Ain.		
ath certifi ng physic ease remo d in any e	=	ACUSE NIFE 3. FATHER'S NAME PORFRT SHADE WEST VIRGINIA USA. 14. MOTHER'S MAIDEN NAME VIRGINIA UNGER			
hat the de he attendi . Then pl moval, an		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 136 SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unxown) (Hyesg'vewerdedesofservice) WYS 4.C. Williams 12807 Flack St. St.	6		
The law requires that the control of		18. CAUSE OF DEATH [Inter only one ceuse per ind for (e), (b), end (r).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate ceuse (e), steling the underlying DUE TO DUE TO DUE TO Course [est, steling the underlying ceuse [est, steling the underlying [est, steling th	史。		
PHYSICIAN: he hospital or his certificate h for use as the th prior to buri	e e	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORM. YES NO 20e. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of 'n ury in Perf or Perf II of flom 1B., OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER	EUT.		
retained by tops: After the detached Dept. of Health		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 20f. (C.ly or lown) (Ste Hour e.m., p.m. 19 While al work let work lactory, street, office bldg., etc.) 21. certify that (I) (this hospital) attended the deceased from 2 18 6.2., 19, to 3. 20. 62., 19, that (I) (we	e) las		
ITAL AIL AIL Page 4 Dee CONNERAL DIRECT Page 3 should filed with the State [1	saw the deceased alive on March 201962, and that death occurred at A.M., from the causes and on the date stated at 22e. SIGNATURE PORT COLD MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DRECTOR PHYS. Bradley Lane, Bethesda.			
TO H A Month of the state of t	•	REMOVAL (Specify) Burial 3/23/62 Mt. Hebron Cemetery Winchester, Virginia ADDRESS ROBert A. Pumphrey, Bethesda, Maryland Date MAR 2 7 '62 ADDRESS Bethesda, Maryland Date MAR 2 7 '62 Line S. Heards Contain (Cry, town or county) (Siete Winchester, Virginia and Date MAR 2 7 '62 Line S. Heards Contain (Cry, town or county) (Siete Winchester, Virginia and Date MAR 2 7 '62 Line S. Heards Contain (Cry, town or county) (Siete Winchester, Virginia and Date MAR 2 7 '62 Line S. Heards Contain (Cry, town or county) (Siete Winchester, Virginia and Date MAR 2 7 '62 Line S. Heards Contain (Cry, town or county) (Siete Winchester, Virginia and Date MAR 2 7 '62 Line S. Heards Contain (Cry, town or county) (Siete Winchester, Virginia and Date MAR 2 7 '62 Line S. Heards Contain (Cry, town or county) (Siete Winchester, Virginia and Date MAR 2 7 '62 Line S. Heards Contain (Cry, town or county)	_		

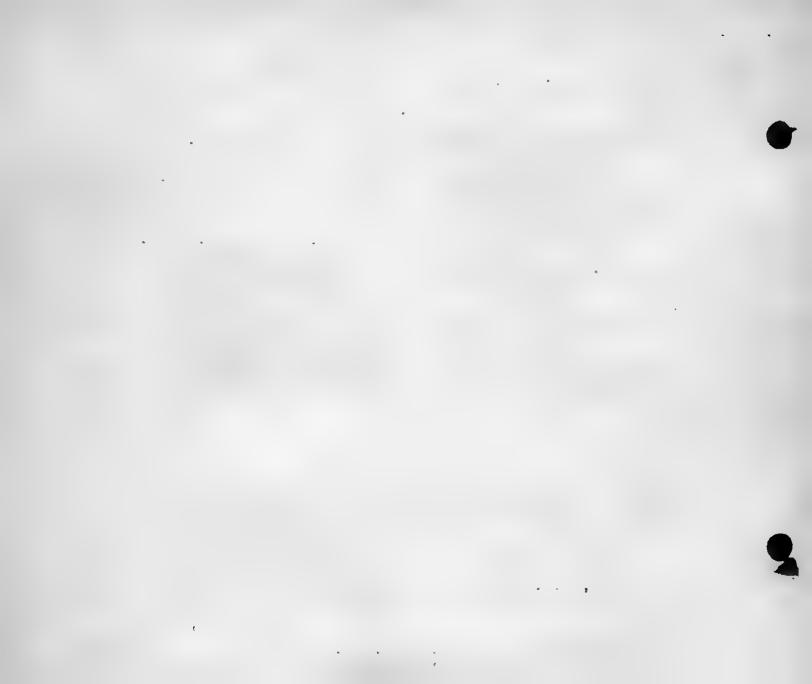


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, if institution: Residence before admission) a. COUNTY b. COUNTY Montgomery California #24 MARYLAND b. CITY OR TOWN (if outside corporate fimits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Ios Angeles Bethesda (Rural 199 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? $1011\frac{1}{11}$ S. Harvard Blvd. U. S. Naval Hospital YES NO X 3. NAME OF Middle 4. DATE DECEASED (Type or print) DEATH Morris Edward Queen 6. COLOR OR RACE TO MARRIED TO NEVER MARRIED 5 SEX B. DATE OF BIRTH AGE (In years IF UNDER I YEAR) IF UNDER 24 MRS. last birthday) and Male Negroid WIDOWED F DIVORCED [10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Service Man Maryland USA 13. FATHER 5 NAME 14. MOTHER'S MAIDEN NAME James H. Queen Mary A. Barnes 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give were relates of service) Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Granulocytic leukemia IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediata causa **DUE TO** (a), stating the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1. 19. WAS AUTOPSY CERTIFICATION PERFORMED? YE5 NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NURY OCCURED, (Enter nature of injury in Part Lot Part Lot item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Day, Yeer 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that M (this hospital) attended the deceased from. Aug. .. 27.,......, 1961, to ... March . 14., 1962, that W (we) last 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 🔀 March 14. M.D. PHYSIZIAN S 22d. ADDRESS JOSEPH E. STITCHER LCDR MC USN U. S. Naval Hospital, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF 1 23d. LOCATION (City, lown or county) [Stete] REMOVAL (Specify) Oå Arlington National Arlington, Virginia Burial Washington D.C. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 1557 L. Three

RYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	F 1 MARYLAND
	03510 CERTIFICATE OF DEATH	03503
M)	1. PLACE OF DEATH a. COUNTY Montgomery Co. MARYLAND 2. USUAL RESIDENCE (Where deceased lived, H institution of the county b. COUNTY)	Montgomery
1	b. CITY OR TOWN (If outs'de corporate limits, write RUR write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RUR	AL end give neerest town)
13	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS // ROCKVILLE // d STREET ADDRESS	e, IS RESIDENC ON A FARM
	Montgomery General Hospital 5910 Ridgway Ave.	YES NO
	3. NAME OF DECRASED (Type or print) William James Ray William Month OF DEATH MAT.	3 19 62
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH male white widowed Divorced 3/2/62 9. AGE (In years IF U) last birthday) yes.	NDER I YEAR IF UNDER 24 HRS
		2. CITIZEN OF WHAT COUNTR
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	USA
I	Robert S. Ray Barbara Tough	
	15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [lifyes give were orderes of service] NO HOSPITAL RECORDS	
	18. CAUSE OF DEATH [Enter only one cause per line (on (a), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) A CLOCKES 15	
	Conditions, if any, which (b) Drawith Heart Disease	(4)
	gever is to immediate couse (e), stating the underlying DJE TO Intercently Supt our by feet - Income lest.	omport tole
3	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
	PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Nurry in Part I of Tam /B.) OR CONTRIBUTING CAUSE OF DEATH [If ETHER, NOTIFY MEDICAL EXAMINER]	YES NO L
	20c. TIME OF INJURY Month, Day, Yeer Hour e.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.)	(County) (State)
	21. I certify that (I) (this hospite) at ended the coceased from	., 19.0 That (I) (we) Is
	saw the deceased alive on	on the date stated above
	226. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. M	3/41/2GN
1	22c. PHYSICIAN'S NAME (Type) Dr. C.H. Ligon	on his
	236. BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CM. lown or REMOVAL (Specify) 3/6/62 Parklawn Pockville Marvl	1
9	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25m, REC'D BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE
M.	Tyson Wheeler Funeral Home-1331 E. Montg. Ave. DATE MAR 8'62 (1.11.	47 S. France



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03511 funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara dacaasad lived, if Institution: Residence before admission) a. COUNTY b. county Montgomery Montgomery Maryland MARYLAND b. CITY OR TOWN (if outs'da corporata limits, c. LENGTH OF STAY IN 15 c. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! Bethesda 6 days Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if-not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? The Clinical Center, Bethesda 14. Mi. 607 Dartmouth Avenue YES NO K 3. NAME OF DECEASED (Type or print) DEATH James Gordon Reidinger 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED B. DATE OF BRTH 9. AGE (In years IF UNDER 1 YEAR JF UNDER 24 HRS ast birthday) Months Days WIDOWED [DIVORCED [November 23, 1919 Male White 10a. USUAL OCCUPAT ON (Give kind of work 106 K.NO OF BUSINESS OR NOUSTRY II B RTHPLACE (County & State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working I fe, even if retired) Northwood HighSchool Superintendant Maintenance Anniston Alabama U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Saidie Gordon M. Reidinger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 1 17. INFORMANT (Yas, no, or unkown) | (Ifyasgivewarordalasofsarv cet 23-07-0122 The Medical Record None -Unavailable - The Clinical Center, Bethesda 14. Maryland 18. CAUSE OF DEATH (Enter only one causa per I na for (a), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: immediate cause (a) Acute pulmonary edema 24 hours (6) Congestive Heart failur Undetermine Conditions, if any, which gava risa to immediata causa DUE TO (a), stating the underlying (c) Chronic Glomerulousobritis Undetermines PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DURANTE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20a ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of fam 18) OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20d, INJURY OCCURRED . 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year (County) factory, streat, office bldg., etc.) While Not While Hour a.m. al work at work 21. I certify that (1) (this hospital) attended the deceased from March 21 19.62 to March 27..., 19.62, that (1) (we) last 22a, SIGNATURE ATTENDING SIGNED nomen H. Bell M. D DIRECTOR PHYS. March 27. 1962 22c. PHYSICIAN S The Crinical Center, National Institutes Norman H. Bell, M.D. NAME (Typa) of Health, Bethesda 11, Maryland = 230, BURIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Highland Cemetery Anniston Calhoun Co, Alabama 3-29-62 24 FUNERAL DIRECTOR'S SIGNATURE Raymonda Bidores8434Georgia Ave25a. REC'D BY REGISTRAR'S SIGNATURE MAR 29 62 VR A15 (4) 15M 9/60 Warner E. Pumphrey, Inc. Silver Spring, Maryland DATE

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CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived If institution. Residence before admission) a. COUNTY 6. COUNTY MARYLAND MONTGOMERY b. CITY OR TOWN (if outside disparate limits write RURAL and give negrest town) E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give rurarest tawn) ROCKUILE 340.20 mos 24da d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 128 South Adams Street YES NO 🔀 ONGRESSIONA NAME OF 4. DATE OF DEATH Middle DECEASED (Type or print) 1962 5 SEX 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED TY last birthday) WIDOWED [DIVORCED [100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MARY/AND MUSIC JOOCHER 13. FATHER'S NAME .⊆ 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Julia M. Walter-Neice-Wash. D. C. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: Lac IMMEDIATE CAUSE (a). Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES I NO IP desease 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Haur a.m. While Not while at wark at wark p. m. 1962 that (1) (we) last 21 | certify that (1) (this haspital) attended the deceased from Ly 1962 and that death occurred of I.A.M., from the causes and on the date stated above. ATTENDING PHYS M.D DIRECTOR _ 22c PHYSICIAN'S 22d. ADDRESS 23a BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, or caunty) Darnestown Cemetery Darnestown. Maryland 24. FUNERAL DIRECTOR'S SIGNATURE 256 REGISTRAR'S SIGNATURE

15M 9/59

Robert A. Pumphrey, Bethesda, Maryland

250. REC'D BY REGISTRAR



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 2. USUM. RESIDENCE (Where deceased lived, If institution, Residence before adm ssign) Item 23b Film G310 1. PLACE OF DEATH e. COUNTY b. COUNTY a. STATE Montgomery Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b, CITY OR TOWN (if outside corporate lim ts, ELENGTH OF STAY IN 15 write RURAL and give hearest town) days Adelphi d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 10506 Edgemont Dr. U.S. Naval Hospital YES NO 3. NAME OF Year Middle 4. DATE DECEASED Schreiber Stanley Ricker DEATH March (Type or print) carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B DATE OF BIRTH last birthdey! Months Male Caucasian February WIDOWED [DIVORCED [10a. USJAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HEAL Naval Officer Washington, D.C. please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊆ Robert B. Ricker Lena Perrv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO | 17. INFORMANT Address oval, (Yes, no, or unkown) | (Ifyesgivewerordelesofservice) UTE: Mrs. Pauline T. Richer Same as #2 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY-Hepatric failure IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (e), stating the underlying PART I , OTHER SIGNIF CANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) ŏ PERFORMED? CERTIFICAT NO 20b DESCRIBE HOW INJURY OCCURED (Enter netura of injury in Part t or Part II of item 18.) 20e ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (State) 20e. PLACE OF INJURY (Homa, farm, 20f. (City or lown) 20c TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED ! fectory, street, office bldg., etc.) Hour a.m. While _Not While et work at work 21. I certify that (I) (this hospital) attended the deceased from March 21, ..., 1962, to March 25, 1962, that (I) (we) last 1962..., and that death occured at 065.00 from Mhe causes and on the date stated above. saw the deceased alive on Linguistich 5 GNATURE 1962 SIGNED DIRECTOR PHYS. K. March 25. M.D. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) WILLIAM P. BAKER LT MC USN U.S. Naval Hospital, Bethesda, Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b DATE THEREOF 古名 REMOVAL (Specify) 0 NATIONAL CEMETARY BURIAL ARLINGTON VA. 25a. REC'D BY REG STRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7 61 FUNERAL HOME 2901 14TH ST_NW WDC

YLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 93514 Reg. Dist. No. director 2 USUAL RESIDENCE (Where deceased lived. If institution residence of the Congression of t PLACE OF DEATH a. COUNTY Filed b. COUNTY MARYLAND MONTGOMERY MARYLAND MONTGOM uneral a b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ď, RURAL and give nearest town) 70 TAKOMA PARK HOURS TAKOMA PARK d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 6618 Poplar Avenue YEŞ 🔲 NO 😭 <u> WASHINGTON_SANITARIUM_&_HOSPITAI</u> NAME OF DECEASED First Middle 4. DATE Lost Month Day Year þ OF DEATH (Type or print) ROBERTSON Pages NELLIE ROSE 31 19 62 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours WIDOWED Y DIVORCED | 11-25-85 76 FEMALE WHITTH yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? U. S. A. WASHINGTON. HOUSEWIFE

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christian Keiner (unknown) Caroline 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 6109W11mett Kenneth R. Robertson Bethesda, Md. no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ART I. DEATH WAS CAUSED BY: Ortar Sdan IMMEDIATE CAUSE IC DUE T Conditions, if any, which ! gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part (1 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour c. ft. factory, street, office bldg., etc.) While Not while at work 🔲 al work p. m. . 196 Zthet Hast saw the deceased 21. I certify that I attended the deceased from. and that death occurred at 2 - / M, from the causes and on the date stated above. alive on PUI ADDRESS (Sfreet, city or lown, state) DATE SIGNED SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATÉ THEREOF 22c. NAME OF CEMETERY PROCESSAFORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial 4-3-1962 Cedar Hill Suitland. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE -14 thS tNW240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 [4] 15M 9/55 Chilling P. House DATE APR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



		MARYLAND STATE DEPARTMENT OF HEAD DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET	.TH T, BALTIMORE 1, MARYLAND
		03515 CERTIFICATE OF DEATH	03508
M)		LACE OF DEATH 2. USUAL RESIDENCE (Where	decaesed lived, If institution, Rasidance before admissi
	<u>'</u> ـــــا	Montgomery Maryland Maryland. CITY OR TOWN (if ourside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, c. CITY OR	b. county contgomery
	'	write RURAL and give nearest town)	porete limits, write RURAL and give nearest town)
271.75	-	Clney 1 Week Gaitherst	1 . IS RESIDEN
	_	Montgomery General Hospital RFD # 1, Box	C 193B ON A FAR
		NAME OF First Middle tast 4. DATE OF	Month Dey Yeer
	5.	Charles Augustus Robinson DEAT	March 5 1962 9. AGE (In yaors IF UNDER 1 YEAR) IF UNDER 24 HI
		Male White WIDOWED DIVORCED Nov. 17.1882	last birthday) Months Days Hours Mi
	10a.	USUAL OCCUPATION (Giva kind of work a United by State of Work and Office of Working Ilifa, even if raifred)	r loreign country) 12, CITIZEN OF WHAT COUN
	<u> </u>	Architect Salamanaca.	N.Y. USA
T	13.	FATHER'S NAME	
\overline{T}	15.	George Henry Robinson Jessie Crock WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
	{Yes	No 276-16-5311 Miss Alice L. Rot	inson. Item 2
		18. CAUSE OF DEATH [Enter only one cause per I ne for (a), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: Terminal Lobular Pnoumonia, bi	
	П	Conditions, if any, which \ (b) multiple thrombi and endephalor	
	Н	geve rise to immediate ceuse but to Severe arteriosclerotic cardio	
		cousa last. (c) renal disease.	
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	PERFORMED
	IFF	Diabetes Mellitus Oe. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port For Part OR CONTRIBUTING 1 CAUSE OF DEATH	If of Itam 18 ,
	CERTIFI	or contributing a cause of death if either, notify medical examiner. No injury	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Iarm, 20f. (Children, Ia	ly or town) (County) (State
	I - 1.	p.m. 19 at work at work	
		21. I certify that (I) (thus be spiral) attended the deceased from 1954, 19, to saw the deceased alive on March 5, 1962, and that death occurred at 5:20A)	March 5, 1962, that (I) (%) the causes and on the date stated ab
	1 3	77a; SIGNATURE	22b. DA
		2 Lendre Barra M.D. ATTENDING MED. DIRECTOR	
f		PHYSICIAN'S NAME (Type) M. McKendree Boxer, M. D. 22d. ADDRESS 9830 Mg	
	230	Damasci	18, Maryland. EATION (City, town or county) (Slote)
	1	EMOVAL /Speciful	ayfield Heights, Ohio
		UNERAD DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGI	STRAR 256. REGISTRAR'S SIGNATURE
		Olin L. Wobsepher Damascus, Md. DATE MAR 7'8	2 Cl Thur & France



久1点.	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	03516 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03509
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admiss on)
Page les. ealth,	Montgomery Maryland Md. Mont. Co.
dr fir.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
- E & SE IVI	Bethesda 27 hrs 5 mtns X Kensington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address) d. STREET ADDRESS 1.0. IS RESIDENCE
d d d d d	ON A FARM?
function of the same same Shale	J. NAME OF First Middle Last 4. DATE Month Day Year
the the	(Type or pint) Commo To Madda Don DEATH
3 to 3 to 4 y be	5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
and and 2 v 2 v 2 v cours	Female White WIDOWED DIVORCED 1/9/1900 61 yrs. Months Doys Hours Min.
s affi 1, 2, 1, 2, ge 5 and 72 h	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
nour ges Pa es 1	Housewife CATAMA ITALY USA
T AND TO THE TOTAL	Autorio Matta
in G in	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
1 Will 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Yes, no, or unkown) (Ifyesgivawarordetasofservice) Joe Romeo. 11107 NewPort Mill Rd.
t per	18. CAUSE OF DEATH [Enter only one cause pa line for (a), (b), and (c).]
exe il in along ansi nd i	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (0) July Man Death Suchelia
d be pendice a inititi	DUE TO
Dule Fire During	Conditions, if any, which (b) Mulliple fractures
ding ding as a	(a), stating the underlying DUE TO
hifica pen amir sed so,	Cause lost. Color of the significant conditions contributing to death but not related to the term nal disease condition given in part 1 a 19 Was Autopsy
ord 'end's Cer	PERFORMED? YES NO 1
e we ould ould crea	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCUPED (Enter palure of injury in Part Lor Part II of Jam 19.)
TER of the standard standard s	TANKED DEBLAT INTO 100 TO 100
MIN Charter	20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Hopfs, farm, 20f. (City or town) (County) (Stele) While Not While 1 fectory, street, office bidg., etc.]
The the ior t	2 /2:05 p.m. 3-15 1962 at work of power by herendy Mellength Monly
In the state of th	21. I certify that I took charge of the remains described above, held an Autossy XI. Inspection . Inquiry . and in my opinion
Cert rdec REC geni	death resulted from. Natural causes
ine orwa DII	ACTUAL ACTUAL ACTUAL ASSISTANT MED CAL EXAMINER DATE SIGNED
Cute to the great	M. DERICK MERICAL POLICIES TO
desii	NAME (Type) FRANK J. Broschart Address (Street, city, town, or county)
DEPT Passe e should FUN iff de	220 BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or ountry)
5 g 4 5 g	BURIAL 20MAR 1962 H. LINCOLN MAUSORDA PR GED CTY Md.
VS. ATSME	ADDRESS ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/60	(INALLI TUNCRA) HOME 7400 CAAVE WELL DATE MAR 21 162 all a 2 Kings



PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest fown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO DE 3. NAME OF Midd e DECEASED (Type or print) DEATH IF UNDER 24 HRS IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last 5 rthday) WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. EIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY dans during most of working life, even if retired) Barbering 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. praunkown) i (If yas give war or detex of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] IMMEDIATE CAUSE (e) DUE TO gava rise lo Immediale cause DUE TO (e), steting the underlying PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(s) 19. WAS AUTOPSY ERFORMED? 20e. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW NURY OCCURED (Enter nature of injury in Pert I or Pert II of Iem IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stata) 20d. INJURY OCCURRED. 20e PLACE OF INJURY (Home, form, 20f. (City or fown) (County) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from Mun 4......., 1967 to Man. 14. 1962 that (I) (we) last ... 19.62 and that death occurred at 8.3744, from the causes and on the date stated above. SIGNATUR SIGNED DIRECTOR PHYS. ADDRESS 22E. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, | 23b DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) r d d Gate of Heaven Cem. Silver 250 REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Bethesda, Maryland DAIMAR 1 6 '62 15M 9/60 Chilling S. Hours



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND m G 509 3/29/62 1 Wk USUAL RESIDENCE (Where decesed lived, if institutions Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Montgomery Marvland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTHY CHE TOTY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give negrest town) Bethesda Baltimore d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda 14, Md. 5901 Simmonds Avenue YES NO 3 3. NAME OF Middle DECEASED (Type or print) David Rudin DEATH March 62 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS. last birthday) Months Days Male December 3. WIDOWED DIVORCEDY 10e, USUAL OCCUPATION Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BRTHPLACE (County & State, or fore on country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Physician Medicine Russia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nisson Rudin Pauline ////ast/hame/unknown/) Zeldin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records (Yes, no, or unkown) (If yes give we rordates of service) The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY-Acute pulmonary infarction 18 Hours .. IMMEDIATE CAUSE (e) DUE TO Multiple myeloma 3 Years Conditions, if any, which geve rise lo immediate causa DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED. [Enter nature of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (Counivi (State) factory, street, office bldg., etc.) Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from October 4., 1960 to March 18., 19.62that (I) (we) last March 18. 19 62, and that death occurred at 5:05PMom the causes and on the date stated above. 22e. SIGNATOR 22b. DATE ATTENDING SIGNED 22c. PHYSICIAN'S The Clinical Center, National John L. Institutes Of Health, Bethesda 14, Md. 23e, BURIAL, CREMATION 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (C'ty, town or county) REMOVAL (Specify) O.F. B Beth Thiloh Cemetery Baltimore, Maryland Burial 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAR 2 0 '62 LEVINSON & BROS. INC. 6010 Reisterstown Rd. 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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1	W.		M.	ARYLAND STATE DEP	ARTMENT	OF HEALTH	
	The same		DIVISION OF STATISTICAL R			ON STREET, BALTIM	ORE 1, MARYLAND
al de la	-	l_	03519	CERTIFICATE	OF DEAT	h	03512
aft		1,	LACE OF DEATH	A-0-			If institution, Residence before admission
ours 12 s	. 4		Montgomery	MARYLAND	"Marylar	nd ". M	ontgomery _
t ho	MI)		CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	JA	N (If outside corporata limits, w	nta RURAL and give nearest town)
S in E			write RURAL and give nearest lown) Bethesda	3days	Bethesd		
led age	1 1		. NAME OF HOSPITAL OR INSTITUTION (IF no	f in hospitel, give street eddress;	d STREET ADDRI		a, IS RESIDENCE ON A FARM?
S. P. P. Phoul		_	Suburban Hospital			Battery Lane,	YES NO F
aper 72		3.	NAME OF First	M.ddle	Last	4. DATE Mo	
omp n pi			Type or print) James 6. COLOR OR RACELT		martino	DEATH Marc	
be of indicated with				TOTAL MARKIED	DATE OF BIRTH	last birthday	Months Days Hours Min.
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iffica sicia nov		do	a during most of working tita, even if retirad) 🖞	Parts Plant	II. BIRTHPLACE (C	LOURTY & Stere, or forwight country	Naturalized
cert phys rem any		13.	FATHER SNAME TOO		14. MOTHER'S MATE	NAME	U.S.A 50 yrs
ing I	T		M-5	1		4	nknown
endi a pl			WAS DECEASED EVER IN J S. ARMED FORCES		FORMANT	Antoinette Addin	· ·
t the The The		(Ye	, no, or unkown) (tfyesgivewerordelesofservic	103-14-4621			
than the series		Ī	18. CAUSE OF DEATH [Enter only one ceu	se per I no for (e), (b), end (c,.,	ighter Mr	s. Alberta Lin	HALESCA ME DELANCEIA.
sicia sicia d by d by or r			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+)	Congestive 1	Heart	Failure	ONSET AND DEATH
phy phy gne gne sit p			DJE TO				
ing ing in sign			Conditions, if any, which \ (b)	Coronary Arterio	oscleratic i	ltt. Diseasr - Myou	cord. Infuktion - 1 year
he li end bee bee			gave rise to immediate cause OUE TO	/		/	
Has has e bu			cause lest. (c)		_		
AN al	ή,	NO	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TE	RMINAL DISEASE CONDIT ON C	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Se as a se to the total		3					YES NO
s cel		CERTIFI	OR CONTRIBUTING [1] CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURED.	(Enter natura of injury	y in Peri I or Part II of item 18.)	
西寺寺寺		1	(IF EITHER, NOTIFY MEDICAL EXAMINER)				(0)
od by Affer ache		MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.	11 1110	y, street, office bldg.	, elc.)	(County) (Stele)
aine aine det det		×	p.m. 19	et work at work	0 0 0	- ball Adams	14 / 9
Pe Go			21. I certify that (I) (this hospital)				
A CEC		ļ	saw the deceased alive on March	. 2.9. 1962, and that	death occured a	M, from the cause	s and on the date stated above 22b. DATE
S sh			James W. E	ann/	ATTENDING PHYS	MED. STAFF	3-25-62 SIGNE
AL AL	1		22c. PHYSICIAN'S	g av M.D	221 ADDRESS		
Pag Pag	- 1		NAME (Nope) Dr. James W.	Egan	9911 01	Ld Spring Rd.,K	ensing con, Ma.
Th. Tiled		234	BURIAL, CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d, LOCATION (City,	town or county) (Stete)
Se die		Bu	rial-transit 3-26-	62 St. Mary's	Cemetery	Lawrence	New York
VR A15 (4)		-	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REC'D BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
15M 9/60			ROBERT A. PUMPHRE	Bethesda, Mo	DATE	MAR 2 7 '62	Cichin S. Kraus
		,					



		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND										
		03520 ItemCERTI	FICAT	F OF DEATH	03513							
(M)		PLACE OF DEATH a. COUNTY Montgomery MAR	YLAND	2. USUAL RESIDENCE (Where deceased le	eved, if Institution, Rasidence before edm b. COUNTY WORLDOMERY							
17		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) Rockville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ad Chestnut Lodge	E -	c CITY OR TOWN (If outside corporate lim / ASA *** ** ** ** ** ** ** ** ** ** ** ** *	noton, D.C. To							
	3.	NAME OF First Middle DECEASED (Type or print) MARJULITE	CATE	Last 4. DATE OF	Month Day Year							
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR	SAWY	THE LIES	CCh 2,1962 19 n yours [IF UNDER 1 YEAR] IF UNDER 24							
		Female White WIDOWED DIVORG	W [V]	? 1874 88 bin	thday) Months Days Hours							
	10a do			1 11. BIRTHPLACE (County & State, or foreign of								
	13.	FATHER'S NAME		Unknown 14. MOTHER'S MAIDEN NAME	US							
(I)		Lucius Sawyer		Elizabeth M. Ricker								
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY	NO. 17, 17		Address							
	(Ye	s, no, or unkown) (lifyesgivawarordatesofservice) None		spital Records								
	Ī	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and			INTERVAL BETWO							
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Congestive Due to Congestive Due to (c) General ar	terios	slerosis								
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA 20b. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		RELATED TO THE TERMINAL DISEASE CONDITION (Enter nature of injury in Part I or Part II of item)	PERFOR/							
	MEDICAL	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED While Not While et work et work	20e. PLAC facto	CE OF INJURY (Home, farm, 2Df. (City or town) pry, street, office bldg., atc.)) (County) (S							
		21. I certify that (I) (this hospital) attended the decease saw the deceased alive on. $22.2.1$			19.62, that (I) (wasses and on the date stated							
,		22c. PHYSICIAN'S Duy to M Bullaw 22c. PHYSICIAN'S NAME (Type)	M.I	D. ATTENDING MED. STAF								
1		DEXTER M. BULLARD. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF REMOVAL (Specify)	CEMETERY C		City, town or county) (Stat							
	24	FUNERAL DIRECTOR'S SIGNATURE yson Theeler Funeral Home 1331 E. Llockville			ton D.C.							

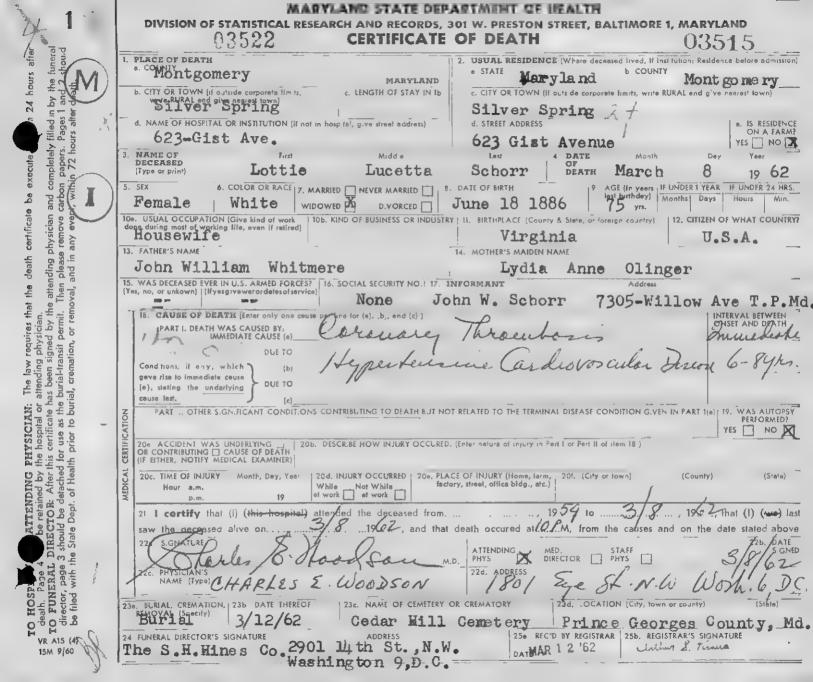


L 77	-	CERTIFICATE OF DEATH O3514
ours after the funeral 1.2 should	M	1. PLACE OF DEATH e. COUNTY Montgomery MARYLAND 2. USUAL RESIDENCE (Where decessed Lived, If institut on: Residence before edmission) b. COUNTY MARYLAND D. COUNTY
led in by ages 1 and	50	b. CITY OR TOWN (if outside corporate limits, content of STAY N 1b conte
poletely fi	1	The Clinical Center, Bethesda 14, Md. 6918 North Wilshire Drive YES NO The Deck Road Park Month Deck Road Park Month Deck Road Park Month Park Month Deck Road Park Month Deck Ro
n and con carbon		5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 18. DATE OF BIRTH Male White Widowed Divorced 15, 1920 9. Age (in yeers IF UNDER 1 YEAR IF UNDER 24 HRS. [ast b rinder) Months Days Hours Min.
physician perifica		10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Carpenter Contractor 13. FATHER'S NAME 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Contractor 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? LILinois U.S.A.
the death attending hen pleas		Henry Aaron Schmitt Jennie Decker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT The Medical Records (Yes, no. or unknown) (ifyes glyce was forderes of service) Yes WW II 329-12-7789 The Clinical Content Rethords II. Manual and
equires that oblysician. Indeed by the sit permit. If our company the company on temps		Tes WW II 329-12-7789 The Clinical Center, Bethesda ll, Maryland Interview Interview
The law ratending parts been significant transition.		Conditions, if eny, which geve rise to immediate ceuse (e), stelling the underlying ceuse lest. (b) Right pleural effusion, right hemothor 2 weeks DUE TO (c) Acute leukemia with hepatomegaly, splenomegaly 8 weeks
SICIAN: ospital or artificate buse as the	1	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,6) 19. WAS AUTOPSY PERFORMED? YES NO
NG PHY by the h ter this ce thed for the		20e ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) While Not While fectory, street, office bldg, etc.) While work et work
TTENDI retained TOR: A 1 be deta Dept. of		21. I certify that (this hospital) attended the deceased from. March 23,, 19.62 to March 27, 19.62, that (3) (we) tast
L DIRECT 3 should the State		saw the deceased alive on. March 27 19 .62, and that death occurred a8.200 Mrom the causes and on the date stated above. 226. SIGNATURE ATTENDING MED. STAFF PHYS DIRECTOR PHYS SIGNED 226. BHSSICIAN'S ADDRESS.
HOSPI ath. Page 4 FUNERAL ector, page filed with t	1	The Clinical Center, National Institutes Of Health, Bethesda 11, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY (23d. LOCATION [City, town or county) (Siete)
VR A15-(4)		Transit-Burial 3/28/62 St. Joseph Cemetery Peoria, Illinois 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
10111 7 100		Robert A. Pumphrey, Bethesda, Maryland OAR MAR 3 0 '62 Clother & Hans

TO HOSPI-

MARYLAND STATE DEPARTMENT OF HEALTH







RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE LIMARYLAND 03523-rim-G.C 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edm ssion) a. COUNTY a. STATE b. COUNTY North Carolina Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town] Bethesda (Rural 40 days Lowell d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? U. S. Naval Hospital Box 95 YES NO X completely NAME OF Middle 4 DATE DECEASED OF (Type or print) DEATH 19 62 Donna Lynn Scott March and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE Ith Viers LIF UNDER LYEAR | IF UNDER 24 HRS. last burthday) Fema.le Caucasian DIVORCED January physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or loreign country) done during most of working life, even if retired) Child North Carolina USA 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME attending 1 Then please Gus E. Scott Edna Ann Falls 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) Hospital Records 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. THROGRYPOSIS MULTIPLEX CONGENITA IMMEDIATE CAUSE (6) DUE TO Conditions. gave rise to immediate cause **DUE TO** (e), stating the underlying PART IF OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO K 200 ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part | or Part |I of stem 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 1 201. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While et work st work 21 I certify that (1) (this hospitel) attended the deceased from Feb. 1,, 1962, to March 12, 19.62 that (0) (we) last SIGNATURE 22b. DATE DIRECTOR | PHYS. | March 13, 1962 SIGNED ATTENDING PHYS. FUNERAL rector, page 22c. PHYSIC.AN'S 22d ADDRESS NAME (Type) U.S. Naval Hospital, Bethesda, Md. 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stete) OFB 15.196 Gaston Memorial Gastonia, North Carolina March 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) Funeral Home, 7400 Georgia Ave., WDC 15M 7/61 DATE MAR 1 4 '62 C Lung S. France



MARYLAND STATE DEPARTMENT OF HEALTH TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara diacaesed lived, If 'institution' Residence before edmission) e. COUNTY b. COUNTY Montgomery Montgomery 22 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 w ta RURAL and give naerast town) Westhaven Kensington filled i d. STREET ADDRESS a. 15 RESIDENCE d. N. ME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) ON A FARM? Brookview YES NO Y Carroll Hall Sanitarium 5110 Brive completely 3. NAME OF M ddle Year DECEASED March 62 (Typa or print) SPEATH Charles Edward Sebastian, 19 and co 5. SEX B. DATE OF BIRTH 9. AGE (n yaars) IF UNDER 1 YEAR, IF UNDER 24 HRS. 6. COLOR OR RACE 17, MARRIED NEVER MARRIED 81 yrs. Months male white WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTY PLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Ret. Bureau Engraving Gov't Washington, D. C. 13. FATHER'S NAME Roberta Dyer Edward Sebastian Brookview D 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass 5110 (Yes, no, or unknwn) ! (If yes give wer or datas of service) Westhaven. Md. none Charles Sebastian 18. CAUSE OF DEATH [Enter only one course for line for (az ,b) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediata cause DUE TO (a), stating the undarlying PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO CONDITION GIVEN IN PART 1(a) | 19, WAS AUTOPSY PERFORMED? NO A 20b. DESCR.BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED , 20e, PLACE OF INJURY (Home, form, (County) (Steta) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., atc.) While Not While Hour a.m. al work et work ID. m. P E 196. Leand that death occured at ... My, from the causes and on the date stated above. saw the despased alive on...... ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. FUNERAL page with t 22d, ADDRESS 22c. PHYSICIAN'S NAME (Typa) Stuart Lyddane. M.D. ector, 23a. BURIAL, CREMATION, | 23b. DATE THEREOF OF CEMETERY OR CREMATORY EMOVAL (Spacify) Washington, 80 Cemetery H 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Washington, Hines Co. 15M 9/60 5 '62



· Contraction	DIVISION OF STATISTICAL RESEARCH AND RECORD CERTIFICATION	s, 301 w. preston street, baltin TE OF DEATH	03518
3. 5.	Aile Cauc WIDOWED DIVORCED	2. UBUAL RESIDENCE (Where deceased lived, if a. STATE b. COUR NORTH CAROLINA c. CITY OR TOWN (if outside corporete limits, write Concord d. STREET ADDRESS 254 N. Church St. Last 4. DATE Mont OF DEATH MARY SECHLER DEATH MARY 1. DATE OF BIRTH 9. AGE (in years last birthday) NOVember 1939 22 yrs. N. IN BRITHPLACE (County & Sista, or foreign country)	institution: Residence before edm NTY a RURAL and give nearest town] a IS RESIE ON A F YES N h Day Ch 1 1962 IF UNDER 1 YEAR Months Days Hours
13.	FATHER'S NAME MATSHALL Sechler WAS DECEASED EVER IN U.S. ARMED FORCES? Ino, or unknown [Illyes give were or datased service] Yes 18. CRUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	other: Hedgie Sechler	INTERVAL BETWEE ONSET AND DEA
MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, Day, Yaer Heur a.m. p.m. 19 20d, INJURY OCCURRED Whila Not Whila et work et work 21. 1 certify that (X) (this hospital) attended the deceased from.	ACE OF INJURY (Homa, farm, 20f. (City or lown) lory, streat, office bidg., etc.)	

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MARYLAND STATE DEPARTMENT OF HEALTH ICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution; Ras dence before admission) B. COUNTY b. COUNTY Montgomery MARYLAND Maryland Montgomery c. CITY OR TOWN (If outs de corporete limits, write RURAL and give nearest town) b. CITY OR TOWN ('I outside corporate I mits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town! Rockville Rockville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO X 107 Dawson Avenue 107 Dawson Avenue 3. NAME OF 4. DATE M ddle Month DECEASED (Type or print) DEATH GRANT SHAW Larch 10, 1962 6. COLOR OR RACE 7, MARRIED 1 NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR, F UNDER 24 HRS 8. DATE OF BIRTH last birthday) Male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stete, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Building Scotland Scotland Ret. Carpenter 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOC AL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror dates of service) Narion S. Shaw-Item # 2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Certereseleroses, left Rimplegie. Conditions, if env. Which geva rise to Immediate causa DUE TO (a), steting the underlying ceusa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1 19. WAS AUTOPSY PERFORMED? NO V 2De ACCIDENT WAS UNDERLY NG J | 20b. DESCR.BE HOW INJURY OCCURED. (Enter nature of in ury in Pert I or Pert II OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (State) Month, Bay, Yeer (County) 20c. TIME OF INJURY fectory, street, office bldg., etc.) While Not While Haur n.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 1950 to Mirroll 1968 that (I) (we) last 226. DATE 22a. SIGNATURE DIRECTOR 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Cremation 0:58 3/13/62 Ft. Lincoln Prince George Co. Maryland 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 fUNERAL DIRECTOR'S SIGNATURE Lyson Wheeler Funeral VR A15 (4) Home-1331 15M 9/60 Rockville. Bervland



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er death. Page 4

DING PHYSICIAN: The law requires that the death certificate be executed within 24 h

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	03227		CER	RTIFICA	ITE	OF DEA	TH				03:	520)	
1 PLACE OF DEATH 0. COUNTY	ontgomery			MARYLAND	2	USUAL RESIDENC o. STATE Marvla		ere decegs		If institution		ce before		on)
b. CITY OR TOWN	(If outside corporate limit	ts, write	c LENGTH OF	STAY IN 16	1	c. CITY OR TOWN		utside corp	orote limi	its, write Ri				
RURAL and give nearest town) Silver Spring 9 years						0:1	. ,			+				
d. NAME OF HOSPI	TAL (If not in hospital, o	ive street a	4 -			Silver S	prl	ng.				10.	IS RESII	DENCE
OR INSTITUTION 2600 Terrapin Rd.						2600 T				ON A	NO A			
3 NAME OF DECEASED	Fo	st	1	Middle		Last		4. DATE OF		Mani	ħ	Day	Y	801
(Type or print)	EVA		LE	LEONA		SHERMAN		DEATH	1	Marc	:h	24	1	962
5. SEX					8. D/	ATE OF BIRTH		1	9. AGE		IF UNDER	I YEAR IF	UNDE	R 24 HRS.
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Housewif		'	Home			Wisco	nsi	.n				U.S.	Α.	
13. FATHER'S NAME					14	. MOTHER'S MAIL	DEN N	IAME						
Frank Ry	der					Julie	t	Sprag	gue					
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR		OCIAL SECURI	TY NO. 17 I	INFOR	MANT				Addr	e11			
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	ATH [Enter anly one co							7.	\		^	INTER	VAL BET	WEEN
PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE (c		ALT	A. 120	24.	imal.	. /	en 0. 4	31	1 8 1 6	alli		AND	DEATH
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PART II OT	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING	TO DEATH BU	T NOT	RELATED TO THE	TERMI	NAL DISEA	SE COND	ITION GIV	EN IN PAR	T 1(a) 19	WAS A PERFOR	UTOPSY*
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200 ACCIDENT WOR CONTRIBUTION	AS UNDERLYING	20ь. DESC	RIBE HOW IN	BRY OCCURR	ED. (Er	nter noture of inju	iry in F	art for Po	et II of it	em 18.)				
(IF EITHER, NOTIES	CAUSE OF DEATH													
\$ 20c TIME OF INJU	RY Month, Day, Ye	ar 20d. IN.	JURY OCCURRI	ED 20e. P	LACE	OF INJURY (Home	, farm	20f. (Cit	y or town	٦)	(0	County)		(State)
Y 20c TIME OF INJU Hour o.m. p.m.	19	While of wark	Not while	┌	остогу,	street, office bldg	g., elc.	1						
	at (1) (th i s h as pitai			ased from	D	ecil	. 12.	5 7 to.	no	uchi	Y 19 6	1. tho!	(1) (se	ye) last
sow the deced		11-1-			400	h accurred ab	_ "	-		ouses an	d an the	date s	tated	abave
22a SIGNATURE	. ^	~ ·	-											.DATE
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22c PHYSICIAN'S				-		22d ADDRESS		P.		-	$\overline{}$		12	17.6
NAME (Type)	JOHN J.	CURRY	-	J		106.	20	Te	or	9.04	de	cede	Ru.	a she
230 BURIAL, CREMATIC	ON, 236 DATE THEREC		23c NAME O	F CEMETERY (OR CR	EMATORY		23d. LOCA	ATION (d	ily, town, o	er county)		(Staly	104°
REMOVAL (Specify	3/28/62	<i>«</i> » <i>(</i>)	CRYST	AL LAK	E C	EMETERY		MIN	NEAP	OLIS		MIN	NESC	TTA
	CE SEMANDERE CO-	ZOK	CADDRESS				REC'I	2 7 GZ		25b, REGJS	TRAR'S SK	GNATURE		
WARNER E	. PUMPHREY	INC ST	LVER S	PRING?	MAR	TLAND DA	MAK IE	2 1 02	-	الماراد الماراد	w1 A. 76	- Proportion		

TO FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 havrs after death. TO HOSPIT, VR A15 (4) 15M 9/59



_ 1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03521
24 hours after alled in by the funeral ages 1 and 2 and 3 and 3 and 3 and 3 and 3 after deal(1)	75	1. PLACE OF DEATH e. COUNTY MONTGOMERY MARYLAND b. CITY OR TOWN (if outs de corporete limits, write RURAL and give neerest town) Takoma Park, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) a. STATE Maryland Prince Georges c. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) Greenbelt, d. STREET ADDRESS 4. STREET ADDRESS ON A FARM!
be executed and completely financial papers. Pt. within 72 hour		Washington Sanitarium and Hospital 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female White WIDOWED DIVORCED March 6. 1962 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (n yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest burthday) Months Deys Hours Manch 6. 1062 9. AGE (n yeers IF UNDER 24 HRS. lest burthday) Months Deys Hours Manch 6. 1062 9. AGE (n yeers IF UNDER 24 HRS. lest burthday) Months Deys Hours Manch 6. 1062
eath certificate ling physician lease remove id in any event	T	To: USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) None Thomas Edison Shoemaker March 6, 1962 Warch 6, 1962 War
uires that the dei ysician, ad by the attendii permit. Then ple or removal, and	(T)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO.] 17. INFORMANT (Yes, no, or unknown) (Hyes give were redates of service) NO NO 18. CAUSE OF DEATH (Enter only one ceuse per line for (e,, (b), end (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 16. SOCIAL SECURITY NO.] 17. INFORMANT Address Address Address Address ADSPAYX (ATZ DA) ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
T: The law rec or attending ph has been sign burial-transit urial, cremation		Conditions, 'F ony, which geve rise to immediate cause (a), stating the underlying cause lest. DUE TO Conditions, 'F ony, which (b) JCMT Loop Cotto Blown NECK 10 M. N
PHYSICIAN the hospital of this certificate d for use as the alth prior to b	<i>C</i>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 10. ACCIDENT WAS UNDERLYING 000 CONTRIBUTING 100 CONTRIBUTING 100 CONTRIBUTING 100 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ATTENDING be retained by CTOR: After uld be detache te Dept. of He		20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 19 20d. INJURY OCCURRED While 20e. PLACE OF INJURY (Home, farm, factory, streef, office bldg., elc.) 20f. (City or town) (County) (Stete) 21. certify that (I) (this hospital) attended the deceased from
HOS AL Fage 4 FUNERAL DIREctor, page 3 should with the State	1	220 SIGNATURY 220 SIGNATURY ATTENDING MED. PHYS. DIRECTOR PHYS.
AN WIE (4) NA WEE (4) NA WEE (4) DA HIS (4)	M.	230. BURIAL, CREMATION, 236. DATE THEREOF 13c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cremation 3-6-62 Washington Sanitarium and Hospital, Takoma Park, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE ROBert A. Hare, M. D. Washington San. & Hospital Pare ROBERT A. Hare, M. D. Washington San. & Hospital Pare
	J	2-106:12



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery Fairfax 179 179 MARYLAND b. CITY OR TOWN (if outside corporate limits, 꼬 c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 15 days Falls Church Bethesda finled in Pages hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda 14, Md. 1224 West Greenstead Street YES NO X 3. NAME OF Last DECEASED OF (Type or print) Bessie Mae DEATH Shupe March 19 and cor 6. COLOR OR RACE 17. MARRIED TO NEVER MARRIED B DATE OF BIRTH 9. AGE I'm years I IF UNDER I YEAR | IF UNDER 24 HRS. × last birthday) | Months Hours Female WIDOWED [DIVORCED 1De. USUAL OCCUPATION [G.ve kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) U.S.A. Housewife None Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lester Craig Pearl Craig 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record (Yas, no, or unknown) | (Ifyesgivawarordatesofservice) The Clinical Center, Bethesda llm Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest DUE TO 1 1/2 hrs. Auricular flutter Conditions, if any, which gave rise to Immadiata causa DUE TO (a), stating the underlying Renal failure 13 years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? Primary hyperparathyroidism YES 📆 NO 🗔 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, (County) (Slate) 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg , etc.) While Not While Hour a.m. at work at work DIRECTOR: March 17, 1962, that \$0 (we) last 21. I certify that (f) (this hospital) attended the deceased from March 2 19.62, and that death occurred at 10:10PM the causes and on the date stated above. March 17 22b. DATE 22a. SIGNATURE ATTENDING SIGNED 3/18/62 PHYS. M.D. Clinical Center. National NAME (Typa) Albert Ayerst Carr. M.D. Institutes of Health, Bethesda lh. Mi. 23a, BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) Spoon Creek Cemetery Critz. Patrick Co. Va. 25e, REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATUR YR A15 (4) PATE MAR 2 0 162 1) Sur & House 15M 9/60

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission) . COUNTY b. COUNTY b. CITY OR TOWN If outside corporete limits, write RURAL and give nearest town) MARYLAND MANU and Monte The Manual Companies of the Companies of t 10 mers c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (if Not in hospita, give street address) d. STREET ADDRESS a. IS RESIDENCE Boar ON A FARM? YES NO Z 3 NAME OF Day M.ddla 4. DATE Month DECEASED OF may be retained with the sours after de (mmm) (Type or print) DEATH 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED TI NEVER MARRIED T last birthday) Months , WIDOWED A DIVORCED 20 5 m 10a. USVAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even 'f retired) TOUSEID IFE 1055 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCEST (some as (Yes, no. or/unkown) ! (If yes give war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: ' in pencil i Office alor IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which gove rise to immediate cause 0 DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)[19. WAS AUTORSY PERFORMED? YES NO 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW .NURY OCCURED (Enter neture of intury in Pert I or Pert II of tem 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Your 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, † 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Industry and in my opinion 20 Natural causes Homicide Undefermined manner death resulted from CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER se execute
S FUNERAI DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 1 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. AISME Trans 5M 9 6D

STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased fived, If Institution: Residence before admission) a. COUNTY e. STATE **b.** COUNTY 차 d 2 ath. MARYLAND b. City OR TOWN (Fourside carparete limits, e. CITY OR TOWN (If outs de corporate limits, write RURAL and give murest town) c LENGTH OF STAY IN 16 write RURAL and give neerest town! Bethesda Bethesda STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RES DENCE ON A FARM? Suburban Hospital 6005 Landon Lane YES NO 3. NAME OF First DATE Middle DECEASED OF (Type or print) DEATH Dalberta Slone Hope March and cor earbon nt, within 6. COLOR OR RACE 7, MARR ED THE NEVER MARRIED 9. AGE (In yeers IF UNDER I YEAR last birthday) Months Female IDe. USJAL OCCUPATION (Give kind of work 8 RTHPLACE County & State or foreign country) 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME W. J. Hewitt Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unkown) | (Ifyesgivawerordatesofservice) Unknown Horace E. Slone-Husband-same 18. CAUSE OF DEATH [Enter on y one cause per a ne for (a), (b), end (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Dehydration + Stervation from Phonic obot. Conditions, if eny, which geva risa to immediela causa DUE TO (a), stating the underlying ceuse last PART IL OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO X 2De. ACCIDENT WAS UNDERLYING [] 2Db DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. FLACE OF INJURY (Home, ferm 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (State) fectory, street, office bldg., etc.) _Not While Hour a.m. el work | al work 21. I cortify that (I) (this hospital) attended the deceased from...//// 1961, 10 14 Merch , 19.62, that (1) (we) last 19.6.2., and that death occurred at 12.5M, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED MD. 22d ADDRESS Bethesda, Maryland 23a. BURIAL, CREMATION, | 23b DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) ត្តមិន្ទ Sandyville Cemetery Sandyville, Ohio Burial-Transit 24 FUNERAL DIRECTOR'S S GNATURE 25e, REC'D BY REG STRAR 25b, REGISTRAR'S SIGNATURE YR A15 (4) DATE MAR 1 6 '62 15M 9/60 Robert A. Pumphrey, Bethesda, Maryland

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE ATE OF DEATH TH DFPI 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmission) e. COUNTY e. STATE b. COUNTY Montgomery Montgomery MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) C. LENGTH OF STAY IN 16 write RURAL and give nearest town) Bethesda Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Beltsville Rd. ON A FARM? Suburban YES NO W Box 76_Colesville/ 3. NAME OF Middle Last 4. DATE DECEASED (Type or print) DEATH Everett Smi th 1 larch 14, 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lest birthday) | Months | Days WIDOWED DIVORCED [Male 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY , 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Maryland Farm Work 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Walter Smith Evelyn Warner 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) Walter Smith, father no same as above 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which " gove rise to immediate cause (e), steting the underlying couse last. PART IL OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19, WAS AUTOPSY PERFORMED? Sameratitia NO 4 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of infury in Part or Port II of item 18.) PRIMARY TO OF CONTRIBUTING Bud + Clothing cought after while Son ear 20d. INJURY OCCURRED 200. PLAGE OF INJURY (Homo, farm, 20... (City or town) (ectory, street, office bldg., etc.) 19 67 et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inquiry Inspection and in my opinion death resulted from: Natural causes Accident M Suicide Homicide Undetermined manner designated age CHIEF MEDICAL EXAMINER should be for FUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stelle) Good Hope.. Colesville, Md. ₫40 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. ATSME 6 without S. Thank



1			MARY DIVISION OF STATISTICAL RESEA	LAND STATE DEP.	ARTMENT OF	HEALTH STREET, BALTIM O RE 1.	MARYLAND
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and deal			o CITY OR TOWN (if outs de comprete limits, write RUBAL and give neagest town)	c. LENGTH OF STAY IN 16	c. CITY OF TOWN (fouts de corporete limits, write RUI	(AL end give neerest town)
ges 1	721.	-	NAME OF HOSPITAL OR INSTITUTION (IF not in to	ospitel, give street address)	d. STREET ADDRESS	Chare_	. IS RESIDENCE
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plere aper 72 }			NAME OF First DECEASED (Type or print)	Middle	Tan Lost	4 DATE OF SMOOTH	Dey Yeer
on p		5.	- Jence	RIED NEVER MARRIED B	DATE OF BIRTH	9. AGE (In yeers IF U	NDER 1 YEAR IF UNDER 24 HRS.
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evel evel		do	e during most of working life, eyen if retired)	KIND OF BUSINESS OR HOUSTR	Y 11 BIRTHPLACE (Count	ly & Stele, or foreign country)	2. CITIZEN OF WHAT COUNTRY?
any		18	FATHER'S NAME	- private	14. MOTHER'S MAIDEN	NAME TON TICI	W. d. 17.
please nd in	/ T		William 1.1.	Surdina	Jusia	1 Faunce	Wzgner.
e je	(F)	TS (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 11, no, or unknown) (Hypsglygwegordelesolsery ce)	6. SOCIA. SECURITY NO 17 I	NFORMANT	Address	12 Ame
if. I			18. CAUSE OF DEATH [Enter only one couse pe	30/-/0-9840	Haeli	2 di Sorone	INTERVAL BETWEEN
or i			PART I DEATH WAS CAUSED BY:	expertation	Small	Beenvel (ONSET AND DEATH
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rema			Conditions, if eny, which gave rise to immediate cause	rangulate	d Helbrua	inclosure	Las Java
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ng o	V	CATION	PART J. OTHER S.GNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVEN	PART 1(e) 19. WAS AUTOPSY PERFORMED?
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		CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
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5		MET	p.m. 19 et w	vork at work	<u></u>	10/3 - 16	10/2
5			21. I certify that (I) (this hospital) atterase the deceased alive on ?.	ended the deceased from $\frac{19}{2}$	death occured al 24	18 to 3	
Stal			22e. SIGNATURE	7	ATTENDING .	AED. STAFF	22b. DATE
the	,		220 PHYSICIAN'S	evo_ M		RECTOR PHYS.	3-19-62
wit	l		NAME (Type) P. P. Andre	ews _		senden St. N.	W., Wash DC
filed		236	BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY		23d. LOCATION (City, fown o	
2		_	Burial 3/22/62 FUNERAL DIRECTOR'S SIGNATURE	Arlington C		Arlington,	
(4) 60		-		Bethesda, Mar	yland DATE	DAY REGISTRAR 256. REGIST	has I Thomas
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physician

eth. Page 4 FUNERAL

MARYLAND STATE DEPARTMENT OF HEALTH



death certificate FUNERAL 岢 0

MEDICAL

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DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1. CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY . 7 b. COUNTY MARYLAND b. CITY OR TOWN (if outs de perporete limits, c, CITY OR TOWN (If oulside corporete I mits, write RURAL and give nearest town) write RURAL and give nearest town) NAME OF HOSPITAL OR INSTITUTION (if not in hospital IS RESIDENCE ON A FARM? DECEASED OF (Type or print) DEATH 5. SEX 6 COLOR OR RACE FUNDER 1 YEAR 8. DATE AGE IIn years 7. MARRIED T MARRIED T last birthday) Months Hours WIDOWED DX DIVORCED 10a. USUAL OCCUPATION IGIVE kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if retired) Religion Clergyman 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) | (II yes give werer detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, 'f eny which peve rise lo immediale ceuse DUE TO (e), stating the underlying cause lest. PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+), 19, WAS ALTOPSY PERFORMED? YES 200 ACCIDENT WAS UNDERLYING FT 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert 1 or Pert II of Iem 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from Nou. 19 6.1, that (1) (we) last 19.63, and that death occured above, saw the deceased alive on 220. SIGNATURE 22b, DATE ATTENDING SIGNED DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (Slete) REMOVAL (Specify) FAIRHOPE BALDWIN CO. ALABAMA FAIRHOPE CEMETERY TRANSIT-BURIAL 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

PUMPHREY, INC. FILVER SPRING.MD.

Cirthur & Thrace



7/2 USUAL RESIDENCE [Where decessed lived, If institution; Residence before edmission] 1. PLACE OF DEATH is new director. Per vour files. COUNTY e. STATE **b. COUNTY** MARYLAND E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e comporete lin write/kURAL and give redrest thwn) Board IS RESIDENCE INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO refa ned NAME OF Middle 4. DATE Month Year DECEASED OF (Type or print) DEATH 19 6 9. AGE (In yeers | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED may 2 wit lest birthday) yrs. Months Hours WIDOWED 🔀 DIVORCED 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHI 12. CITIZEN OF WHAT COUNTRY? Pages y inthing 14. MOTHER'S MAIDEN NAME Cecelia (Unknown) EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or unkown) (Ifyes give wer or detes of service) 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH Office along PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO burial certificate should Conditions, if any, which geve rise to immediate cause DUE TO (e), sleling the underlying 35 uld be used a PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ital. 19. WAS AUTOPSY CERTIFICATIO PERFORMED? NO K 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in ury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) 960 fectory, street, office bldg., etc.) While Not While Hour a.m. et work | et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry [1] and in my opinion should be forwarded FUNERAL DIRECT Accident Suicide Homicide Undetermined manner death resulted from. Natural causes | V CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED ease execute DEPUTY MEDICAL EXAMINER ISA DEPUTY NAME (Type) 34 A 2 AT Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCAT ON (City, 18wn, or country) BURIAL, CREMAT ON, 226. DATE THERE OF REMOVAL (Specify) 40 9 FLINERAL DIRECTOR 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. AISME e we won't d. Henre 5M 9/60



1	DIVISION OF TAXISTICAL RESEARCH AND RECO	ATE OF DEATH	03530
1,	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived	I, If institution. Residence before edmission)
	montgomeed MARYLAND	maryland	Mintgunger
	b. CITY OR TOWN (if out de corporale limits, write RURAL end give nearest town)	1b c. CITY OR TOWN (If outside corporate limits,	write RURAL and give regrest town)
1	taxoma fack lockys	- tokoma fack	16=:+:
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3.	NAME OF DECEASED (Type or print) ARRY Middle	SCUDER DEATH MI	onth Day Feer Nech 27 1962
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	male While, WIDOWED DIVORCED	1-8-92 70 yr	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10 d	one during most of working life, even if rehred).	USTRY 11 BIRTHP, ACE (County & State, or foreign coun	12. CITIZEN OF WHAT COUNTRY
	WIND TANK AMEDICAL	D.C.	USA
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l ñ	es, no, or unkown) (Ifyes give wer or dates of service)	. 0 4/	er c
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	Wash san - 1885	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	E Acart Failu	RE ONSET AND DEATH
	IMMEDIATE CAUSE (6)	1501	- 1 chr -
	Conditions, if eny, which	greated Infaction	20
	gave rise to immediate cause) <u>+</u>	¥
	(e), stelling the underlying DJETO (Lilling Char	tec Arorens	
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ŭ	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
FDICAL		PLACE OF INJURY (Home, farm, '20f. (City or lown) fectory, street, office bldg., etc.)	(County) (Stete)
) igw	Hour a.m. While No! While of work of the street of the str	includy, shoot, office brugs, etc.)	
	21. I certify that (I) (this hospital) attended the deceased fro	om 13/18/ 19/27 10 3/2!	7, 19.63-that (I) (we) las
	saw the deceased alive on 2/26 19.62 and t	that death occured at	ses and on the date stated above
	220. SIGNATURE A Nother,	ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS.	22b, DATE SIGNEI
	22c. PHYSICIAN'S NAME (TYPO) Chas It Wolont N	7401 Blair Road,	N.W. Wash.D.G.
2.	A. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETE	ERY OR CREMATORY 23d, LOCATION (City	(Stele)
2	Burial 3/30/1962 Arlingto	n National Com And ir	r to n. Virginia —
	71 // . //	-ST NO DATE MAR 2 9 '62	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased leved, If institution; Residence before admission) a. COUNTY **b.** COUNTY 유건 MARYLAND onl gomer 4 . A Ares and Mor games b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) KomA A ATTOMA filled ir Pages AVI d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stree) address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO F completely NAME OF Last 4. DATE Month DECEASED OF (Type or print) DEATH 19 within and con 5. SEX 6. COLOR OR RACE 7, MARRIED THEVER MARRIED IF UNDER 24 HRS. AGE (In years , IF UNDER ! YEAR last birthday) Months Hours ALLOASIA & WIDOWED requires that the death certificate yrs. physician геломе 10s. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) . 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Engineen nilican Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME , 5 pue CTOR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Address (Yes, no, or unknwn) | (Hyasgive weror defas of service) ian. Un Known 1B. CRUSE OF DEATH |Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION Se o PERFORMED? YES X NO 20m. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part il of Item 18) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or lown) (County) (State) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work 1962, that (I) (we) last 21 | certify that (I) (this hospital) attended the deceased from...! (2), and that death occured (4:50) P.M. from the causes and on the date stated above, saw the deceased alive on. 22a. SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. death. Page of FUNERAL director, page 3 be filed with the 22c PHYSICIAN'S 22d. ADDRESS NAME OF CEMETERY OR CREMATORY 23s. BURIAL, CREMATION, 23d, LOCATION (City, town or county) 24 FUNERAL DIRECTOR'S SIGNATURE 25a REE'D BY REGISTERAR 256. REGISTRAR'S SIGNAPURE VR A15 [4] 15M 7/61



AARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY **b.** COUNTY Montgomery # 2 T MARYLAND Maryland Montgomery b. CITY OR TOWN (if outside corporeta limits, c. CITY OR TOWN (If outs de corporata limits, write RURAL and give nearest town) and c. LENGTH OF STAY IN 16 þ write RURAL and give neerest town) days Bethesda Ē Silver Spring filled in Pages d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES NO X Suburban Hospital 2300 Colston Drive-Apt. 102 completely 3. NAME OF Middle 4 DATE DECEASED OF Madge (Shaw) (Type or print) Sponseller DEATH March 19 62 and cor 6. COLOR OR RACE 7, MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX 8. DATE OF BRTH AGE (In yeers | IF UNDER 1 YEAR last birthday) Hours Female WIDOWED A DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country, 12. CITIZEN OF WHAT COUNTRY! done during most of working life, avan if retired) U.S.A. Own Home Housewife Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .⊑ attending Myra Cull Frank T. Shaw Then 15. WAS DECEASED EVER IN J S. ARMED FORCES? 16. SOCIAL SECUR TY NO 17. INFORMANT Address Westminster, Md. (Yes, no, or unkown) | (Ifyesgivewerordelesofservice) No. None Donald Sponseller 36 Count St. Westmaniste the 18. CAUSE OF DEATH [Enter only one cause per line for te., (b), and (c)] ONSET AND DEATH FARL I. DEATH WAS CAUSED BYretie Heart Disease IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which gave risa to immadiate cause DUE TO (a), slating the underlying ceusa lest. the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert 1 or Pert II of Item 18) 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work et work DIRECTOR: / 1942, that (I) (we) last f., 10 ... 21. I certify that (I) (this hospital) attended the deceased from.... and that death occured at 5: 30 from the causes and on the date stated above. 226, DATE SANATURE SIGNED ATTENDING. PHYS. FUNERAL 22d. ADDRESS NAME (Type) on Bankhead 236. BUR.AL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial Westminster Cemetery Westminster Carroll Co. Md. 3-5-62 0 ADDRESS 134 Georgia Ave REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) athur S. Thousa 15M 9/60 Warner E. Pumphrey, Inc. Silver Spring, Maryland



				1
	sician and completely filled in by the funeral	t. Then please remove carbon papers. Pages 1 and 2 should	event, within 72 hours after death.	
de nospital of attending physician.	s certificate has been signed by the attending physician and completely filled in b	or use as the burial-transit permit. Then please ren	prior to burial, cremation, or removal, and in any event, within 72 hours al	

hin 24 hours after

ATTENDING PHYSICIAN: The law requires that the death certificate be execu

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE LARYLAND CERTIFICATE OF DEATH

	200.10	
I	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edm span)
Ž	Montgomery MARYLAND	a, STATE Maryland b. COUNTY
1	b. CITY OR TOWN ,if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
ı	write RURAL and give nearest lown) Bethesda (Rural) 7 days	College Park
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS IS RESIDENCE
		ON A FARM?
	U. S. Naval Hospital	4212B Knox Road YES NO [X]
	3. NAME OF First Middle Middle	Last 4 DATE Month Day Year OF
	(Type or print) Alford Palmer Stark	DEATH March 26, 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1		September 2, 1884 Total birthday) Months Days Hours Min.
ı	10a. USUAL OCCUPATION (Give lund of work 10b. KIND OF BUSINESS OR INDUSTR	
ı	done during most of working life, even if refired)	
	Retired Naval Officer	Texas
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
١	Jeremiah M. Stark	Serena V. Mattox
Л	15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (Ifyasgive war or delas of service)	NFORMANT Address
		fe: Mrs. Mae E. Stark, Same as #2
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
	BART L OCATH WAS CALLED BY	ONSET AND DEATH
	IMMEDIATE CAUSE (e)AUCHOCAPCINOMA OI	pancreas with widespread metatisis
	DUE TO	
	Conditions, if any which \ (b) Terminal intesting	al hemorrhage
	geve rise to immediate cause DUE TO	
	(a), stating the underlying bot to cause last.	
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
		PERFORMED?
	S - COURTE LANCE IN INC. IN INC. IN INC. IN INC. INC. IN	YES NO
1	OR CONTRIBUTING CAUSE OF DEATH	, (Enter neture of injury in Pert I or Pert II of item 18.)
		_
	3 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20c. PLA	CE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA Hour a.m. p.m. 19 et work at work	ory, sited, other diagr, well
		March .19 1962, to March . 26, 1%2 , that (1) (we) last
		death occured al6:25 AMm the causes and on the date stated above.
	22e SIGNATURE	ATTENDING MED. STAFF
Ì	W Z. Tellering at MC	
	22c. PHYSICIAN'S NAME (Type) TO T PERMITTED THE MOUTHER	22d. ADDRESS
	D. L. KETTERING LT MC USN	U. S. Naval Hospital, Bethesda, Md.
	236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
	Burial 3-28-62 Arlington N	Mational Arlington, Virginia
	2 CHAMEN DRICHES SKINGING DITTURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	7 603/113	ID 1580 0 0 100
	GASCH FUNERAL HOME, HYATTSVILLE, MARYLAN	DATE MAR 2 8 62 Calling & House

VR A15 (4) 1SM 7/61



4	tem 18 Film 309 3-23MARY	YLAND STATE DEPARTMENT OF HEALTH	1
l .	DIVISION OF STATISTICAL RESEAU 03541	ARCH AND RECORDS, 301 W. PRESTON STREET, CERTIFICATE OF DEATH	BALTIMORE 1, MARYLAND
trate be executed in 24 nours after lian and completely in by the funeral ve carbon papers. Pages 1 and 2 should event, within 72 hours after death	1. PLACE OF DEATH a. COUNTY Montgomery b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Bethes 12 d. NAME OF HOSPITAL OR INSTITUTION (f not in ho The C'inical Ceriter, Bethe 3. NAME OF DECEASED (Type or print) Chirley 5. SEX 6. COLOR OR RACE 7. MARRI Female W DOW	maryland c. LENGTH OF STAY IN 1b 23 Days Despital, give street address) Parallel Middie Ann Stevens B. Date Of Birth 2. USUAL RESIDENCE (Where dec. of the comport o	March 16 19 60 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) 5 yrs. Months Deys Hours Min.
CIAN: The law requires that the death certiful or attending physician. Itale has been signed by the attending physicast he burial-transit permit. Then please remy to burial, cremation, or removal, and in any the contract of the contract o	Child 13. FATHER'S NAME Joel B. Stevens 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yes, no, or unknown) (Hypergive war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (e)] Conditions, if any, which geve rise to immediate cause (e), stelling the underlying couse lest. Children (Cause of Cause (e), stelling the underlying couse lest.	None Julisiana Roberta Summers S. SOCIAL SECURITY NO. 17. INFORMANT The Medical Yone The Clinical Center, Edine For 18 July and 1841 or y diorepiratory Arrest bable Septicimia te Lymphocytic Leukemia with Hepat	O splenomegaly 1 Year ONORTHON GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
TO HOSPI, C. ITENDING PHYSICI death. Page 4 retained by the hospit TO FUNERAL TOR. After this certific director, page 3 should be detached for use a be filed with the State Dept. of Health prior to	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 19 at we are the deceased alive on MarchLo. 22e. SIGNATURE	ork st work nded the deceased from Feb. 21	March
VR A15 (4) 15M 9/60		Chapin St. N.W. WASH DC - DATEMAR 2 0 '62	Carried S. Flines



11 70	MARYLAND STATE DEPARTMENT OF HEALTH	
Z 0 2	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 03542 CERTIFICATE OF DEATH	MARYLAND 03535
4 hours after by the funeral and 2 should death	1. PLACE OF DEATH a COUNTY D. CITY OR TOWN If outside corporate limits, write RURAL and give hearest-jown. C. CITY OR TOWN If outside corporate limits, write RURAL and give hearest-jown.	Fgomery 9
filled in Pages 1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) W. HUATTS VILLE d STREET ADDRESS Washington San. Sud Hospital 6762 West Park Dr.	e. IS RESIDENCE ON A FARM? YES NO
and completely carbon papers.		13 19 6 2 1 YEAR IF UNDER 24 HRS. Days Hours Min.
certificat physician s remove any evel	106. USUAL OCCUPATION Give kind of work done during most of working life, even if refered) 107. AT Home: AT Home: 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country, done during most of working life, even if refered) 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country, done during most of working life, even if refered) 109. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country, done during most of working life, even if refered) 11. AT HOME: 12. CIT AND THER'S MADEN NAME	TIZEN OF WHAT COUNTRY? AINEVICAN
at the death e attending Then pleass loval, and in	A do / pl Fishtv 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (liyes give were orderes of service) 091-14-2349 for fr. West Memorial Chapel - 19	neurlark
F. The law requires the rattending physician. has been signed by the burial-transit permit. urial, cremation, or rem	PART I DEATH WAS CAUSED BY: PART I DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
HYSICIAN be hospital of certificate or use as the prior to b	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I of Part II of Item IB) OP CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER;	T (e) 19 WAS AUTOPSY PERFORMED? YES NO
NDING Palained by the R. After this detached for of Health	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f., City or 'own) (Country Street, office bldg., etc.) Sectory, street, office bldg., etc.)	uniy) (State)
A PLES A PER TE A PLES A PER TE A PLES A SHOULD BE THE STATE DEP	21. I certify that (1) (this heapitel) attended the deceased from 2 2	the date stated ebove 22b, DATE SIGNED
HOSPACE CONTROLL PAGE A CONTRO	22c. PHÝSICIAN'S FINO MADOLESS PLANTON, 123b. DATE THEREO 23c. NAME OF CEMETERY OR EREMATORY 23d. LOCATION (City, low) or court REMOUNT (Specify)	Sprily, Med.
VR AI5 (4) 15M 7 61	24 TUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 258. REC'D BY REGISTRAR 256 REGISTRAR'S	SIGNAURE S. Thomas



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03543 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If Institution Residence before admission) a. COUNTY b. COUNTY Montgomery MARYLAND b. CITY OR TOWN lif outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) Bethesda (Rural Wheaton days d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 3812 Greenly Street U. S. Naval Hospital YES NO X 3 NAME OF Last DATE Month M ddla THE REAL PROPERTY. OF 1962 (Type or print) Strohmeyer DEATH David Hugh March 15. 6. COLOR OR RACE 7, MARRIED NEVER MARRIED X 9. AGE (In years) IF UNDER I YEAR) IF UNDER 24 HRS. 1 8. DATE OF BIRTH lest birthday) Caucasian WIDOWED [December 22. Male DIVORCED [e attending physician a Then please remove coval, and in any event 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John H. Strohmever Joyce Aileen Parr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown), (If yas giva war or dates of servica) Hospital Records 18. CAUSE OF DEATH (Entar only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH uspid Afresia (Post operative) PART! DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, il any, which gave rise to immadiata cause DUE TO (a), slating the underlying PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO F 20a ACC DENT WAS UNDERLYING TO 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of triury in Part I or Part II of tam 18.) OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20) (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, straet, offica bldg., atc.) Whila _Not Whila VEDI Hour a.m. at work at work 21. I certify that (A) (this hospital) attended the deceased from March 12, 1962 to March 15., 1962, that (A) (we) last saw the deceased alive on March 15/2 ... 1962, and that death occured 4:21 PM from the causes and on the date stated above 22a. SIGNATURE 22b, DATE SIGNED ATTENDING FUNERAL rector, page diled with the PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BEEBY IT S. Naval Hospital, Bethesda, Md. 23a, BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stata) OFB REMOVAL (Specify) Busia Arlington National Arlington, Virginia 25a REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS Bethesda, Md. VR A15 (4) 15M 7/61 MAR 1 9 '62 Puneral Home, 7557 Wisc. Ave. LDATE - Must S. Fliance



LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, DALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before ediniss on) e. COUNTY b. COUNTY Bethesda Montgomery Maryland MARYLAND Montgomery b. CITY OR TOWN (1 outside corporete | mits. I c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest lawn) Bethesda Bethesda l dav d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NO Suburban Hospital 4511 Amherst Lane NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH Hazel Styers March 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 8. DATE OF BIRTH 5. SEX 19. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. (19 VE Female WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Claudie Baxlev Henry Nine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesg vewerordetesofservice) Paul same as above - Husband 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Clarebral dolume. DUE TO Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINOT RELATED PERFORMED? NO 200. EXTERNAL LAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part I, of Item 18 CERTIF MEDICAL | 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy nspection Inquiry and in my opinion death resulted from. Natural causes Vi. Accident Surcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER should t NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) Q4 B 9 3/6/62 Burial Cem Arlington Vi 23 FUNERAL DRECTOR VS. AISME Robert A. Pumphrey, Bethesda, Maryland 5M 9 60



1	1	' MARYLAND STATE DEPARTMENT OF HEALTH	
 	A	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03538	
s after funeral should		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admiss on a. COUNTY a. STATE b. COUNTY)
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executed completely on papers.		NAME OF First Middle 5510 Ridgefield Rd Month Day Year DECEASED OF OF ORDER OF THE PROPERTY O	
and com		SEX	<u>,</u>
ificat ician nove	/	MALE WHITE WIDOWED V DIVORCED : 8/30/84, 777 yrs. Da. JSUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or fore gn country) 12, CITIZEN OF WHAT COUNTRY one during most of working life, even if retired)	17
0. 6		Retired Retired 14. MOTHER'S MAIDEN NAME	u
death anding and in		WILLIAM SUMMERS S. WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOCIAL SECURITY NO. 17, INFORMANT Address	
he atte Ther noval,		(18) (Ifyasg'vewarordatesofsarvica) 577 03 8558 daughter). This Olive Connor	د
ires the sician. d by the permit or ren		18. CAUSE OF DEATH [Enter only one cause per I no (or (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Urus raseular acceptuat	
w required phy signe ransit nation,		Conditions, if any, which (b) Auberlensiai 2 years	
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PHYS the ho this cer d for us		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
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TEP Tetal		21. I certify that (I) othis hospital) attended the deceased from	
REC be tate		saw the deceased dive on	
age 4 may beneated by DIRE page 3 should with the State		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 3/19/63 SIGNE 22c. PHYSICIAN'S 22d. ADDRESS	D
OST JNI Port,	1	NAME (Type) (17 Forthank P. Kamick 6450 Walonsin alle, Betterta, Mid.	==
de de altre de la company de l	0	36. BURIAL, CREMATION, 23b. DAYF THEREOF 23c. SLAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) See DURIAL, CREMATION, 23b. DAYF THEREOF 23c. SLAME OF CEMETERY OR CREMATORY SINCE A STATE OF CEMETERY OF CEMETERY OF CREMATORY SINCE A STATE OF CEMETERY OF CEME	
VR AIS (4)	B	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	
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√ 1	MARYLAND STATE DEPARTMENT OF HEALTH
<i>[</i> *.	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	#3545 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
MBALTH DIMT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If 'nstitution; Residence before edimission)
age	6. COUNTY Jorney MARYLAND 8. STATE MA B. COUNTY MONTE
# P P A	b_CITY OR TOWN (if outside corporate I mits, write RURAL and give needest lown) write RURAL and give needest lown)
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15 P 2 P 2 P	d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS ON A FARMY ON A FARMY
cara lera le B	Westyron Att & Islan Lane 3/10 Henderson Hove. YES NO D
e fur fain Stal leath	3. NAME OF DECEASED And First Middle Last 4. DATE Month Day Yeer
The the er d	(Type or print) Latyce Ellen Juippner DEATH 5/ 19 1962
3 to	5. SEX 6. COLOR OR LACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
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affe 1, 2, 1, 2, 1e 5 and 2 h	done during most of working I fe, even if refired) Radnor Blementary 11 BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
Page 1 7 in 7	-Ray Alafeteria Asst. School U-S. C.
A how	13. FATVER'S NAME
C Sa E T	Kaymond Hough
看 % 資 清 多 一	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no. or unknown) (Ifyesgivewarordelesofservice)
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ing introduction	5 20c. TIME OF INJURY Month, Dey Year 20d. INJURY OCCURED 20c. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
F 2 8 2 13	WhileNot While No While
EX.	
A DE SE	21. I certify that I took charge of the remains described above, held an Autopsy (). Inspect on (). Inquiry (). and in my opinion death resulted from: Natural causes (). Accident (). Suicide (). Homicide (). Undetermined manner
Carried and a series of a seri	CHIEF MEDICAL EXAMINER
the bear of the be	I SCHUSI A A
AL Anthony	SIGNATURE TO SIGNATURE DEPUTY MEDICAL EXAMINER DATE SIGNED
PUT exe old b MER desig	NAME (Type) FRANK J. BLOSCHZH Address (Street, city, town, or county)
Shoul FUN	228. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
0 2 4 0 9	REMOVAL (Specify) 3-23-62 Arlington National Cemetery Arlington, Virginia
H H	23. FUNERAL DIRECTOR Raymond a. Zisks ADDRESS 8434Georgia Ave 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME 5M 9:60	S Warner E. Pumphrey, Inc. Silver Spring, Md. DATMAR 2 2'62

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) e. COUNTY b. COUNTY Montgomery MARYLAND Montgomery b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearast town) write RURAL and give peacest lown) Bethesda 2 weeks Kensington

d. NAME OF HOSPITAT OR INSTITUTION (if not in hospitel, give street eddress) "IS RESIDENCE A STREET ADDRESS ON A FARM? 6009 Rossmore Drive Carroll Hall Sanitarium YES NO THE 3. NAME OF Middle 4. DATE DECEASED OF 1962 DEATH March 18. (Type or print) MARY ESTELLE SWOPE 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Days 32 yrs. 4 15 Hours WIDOWED DIVORCED Female. Nov. 10s. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BRIHPLACE County & State, or foreign country) done during most of working life, even if retired) Alexandria, Virginia Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Estelle Nevett Manley T. Rust 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) , (Hyesgayewar or detes of service) None Mrs. Dorothy Zimowski 18. CAUSE OF DEATH [Enter only one cause per tire for (e), (b), end (c)] INTERVAL RETWEEN ONSET AND DEATH _PART 1. DEATH WAS CAUSED BY: THEDMBOSI'S MMEDIATE CAUSE (6) CERERRAL DUE TO ARTERIOSCLERUS H Conditions, if any, which (-ENERALIZED gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? NO NO 20b, DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert I of item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stelle) 20c TIME OF INJURY Month, Dev. Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (1) (this hospital) jattended the deceased from. .. JAW /./. 19(.... that (I) (we) last 196 Im and that death occurred at DPM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22ª SIGNATURE #IGNED DIRECTOR FUNERAL ector, page 3 filed with th PHY5 22d. ADDRESS 22c. PHYSICIAN'S NAME [Type] Wisconsin Ave., Bethesda, 23d LOCATION (City, town or county) (Stete) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF 0.48 REMOVAL (Specify) Arlington, Virgini Arlington Cemetery Burlal 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Bethesda, Maryland Pumphrev. Cirlina S. Trans ISM 7161



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE funeral 2. USUAL RESIDENCE (Where decessed I ved, if institution: Residence before admission) 1. PLACE OF DEATH B. COUNTY **b.** COUNTY by the and 2 death. Montgomery MARYLAND Marvland Montgomery b. CITY OR TOWN (if outside corporate lim is, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) .5 Bethesda days Rockville filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO X Rockville Pike Lot J Suburban completely papers. NAME OF DATE Month First Middle Last DECEASED OF (Type or print) DEATH 19 62 Charles Tavermer and cor 9. AGE (In years | IF JNDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8 DATE OF BIRTH last birthdey) Months Min. Hours WIDOWED [DIVORCED Male 1De USUAL OCCUPATION (Give kind of work remove 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Loving Mover USA 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending and Charles Welby Tavenner | Mary | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Mary Ellen MacDonough ᇻ (Yes, no, or unkown) | (If yes give war or dates of service) ig physician. signed by th 18. CAUSE OF DEATH [Enter only one cause per-une for (e], (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) OUE TO After this certificate has been (b) gave risa to immediate cause DUE TO (e), stelling the underlying as the to buria PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 19. WAS AUTOPSY PERFORMED? YES NO F 2Da. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of in ury in Part OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stata) DIRECTOR: After tectory, street, office bldg., etc.) . While Not While Hour e.m. WED et work et work 21. I certify that (i) (this hospital) attended the deceased from hack. 26...1967, and that death occured affiliation, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a. SIGNATURE ATTENDING FUNERAL I irector, page 3 DIRECTOR PHYS. M.D. ADDRESS 22c. PHYS CIAP 22d 23e. BURIAL, CREMATION, | 23b. DATE THEREOF CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 National ! emorial Park 256. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE MAR 2 9 '62



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYL CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased | vad, if nst.tution; Residence before admission) e. COUNTY Montgomery Dīstrict Of by the and 2 death. MARYLAND b. CITY OR TOWN (if outs de corporeta lim ts, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL end give neerest town) Bethesda Washington 183 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp ta, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda 14, Md. 1719 Monroe Street. N.E. YES NO T 3 NAME OF Middle DECEASED DEATH March 27. 62 Louise Thomas (Type or print) Marv 19 6. COLOR OR RA 7. MARRIET - INEVER MARRIED | 8. DATE OF BRTH 19. AGE (In years, IF UNDER TYEAR) IF UNDER 24 HRS. and co 65 birthdey) Months Hours 1896 Female September 13. Negro DIVORCED WIDO WED # 10a. USUAL OCCUPATION (Giva kind of work , 10b. KIND OF BUSINESS OR NOUSTRY 11, 8 RTHPLACE (County & State, or lore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Clothing Seamstress Virginia s attending phy Then please r 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME George W. Richards Lucinda Page 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO 17 INFORMANT The Medical Records (Yes, no, or unkown) (Ifyes give war or detes of service) The Clinical Center, Bethesda 14, Maryland 1B. CAUSE OF DEATH [Enter only one cause per line for (a) (b), end (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Progressive electrolyte imbalance IMMEDIATE CAUSE (e) 6 months DUE TO Macroglobulinemia with bone and renal disease { months Conditions, if eny, which geve rise to Immediate cause **DUE TO** (a), stefing the underlying PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMEO? NO T 20b, DESCRIBE HOW INJURY OCCURED, (Enter neture of in ury in Pert I or Pert II of fem 18) 20e. ACCIDENT WAS UNDERLYING . 7 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 1 2Dd, INJURY OCCURRED., 2De, PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While el work at work DIRECTOR: 21. I certify that (# (this hospital) attended the deceased from Sept. 25. , 1961, to March 27 , 19.62 that (# (we) last saw the deceased alive on March 27,19.62, and that death occurred \$2.25RM from the causes and on the date stated above. 22e, SIGNATE 22b, DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. eath. Page 4
FUNERAL M.D. page The Clinical Center, National 22r. PHYSICIAN S NAME (Type) Michael Z. Lazón Institutes Of Health, Bethesda lk. Md. 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 BURIAL WOODLAWN CEMETERY WASHINGTON 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Carring S. Minus 15M 9/60 ST, N.W. DATE LPR 2 WASHINGTON, D.C.

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1.	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE	1 MARYLAND
V - (1)	03550 CERTIFICATE OF DEATH	03543
4 hours after by the funera and 2 should death.	1. PLACE OF DEATH a. COUNTY MONTGOMERY MARYLAND b. CITY OR TOWN (1 outs de corporate limits. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (1 outside corporate limits.	
filled in by Pages 1 an urs after de	write RURAL and give neerest lown) Bethesda d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	47X · 3 a. 15 RES DENCE ON A FARM?
cate be exection and completely ve carbon papers.	Female White, WIDOWED TO DIVORCED 12/29/79 82 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No. 12/29/79 State, or fore gn country State of working life, even if retired	Dey Yeer 1.13, 19.62 INDER 1 YEAR IF JNDER 24 HRS. Initial Days Hours Min. 12. C.TIZEN OF WHAT COUNTRY?
the death certification is attending physical Then please removed, and in any extension in	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECE, SED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no. or unknown) (Ifyes g vewsrordetes) service)	U.S.A.
: The law requires that the reflection of the state of th	18. CRUSE OF DEATH (Enter only one couse per line for (e) (b), end (c). PART I. DEATH WAS CAUSE BY IMMEDIATE CAUSE (a) Conditions, f any, which gave rise to immediate cause (e), stalling the underlying couse lest. (c) No Kaymand I hampson, Son-in No Kaymand I hampson, Son-in Lettic Letti	INTERVAL BETWEEN
ING PHYSICIAN Joy the hospital of the this certificate stated for use as the Health prior to but the the thin	PART II. OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NJURY OCCURED. (Enter nature of injury in Part I or Part II of Idem 18.) OR CONTRIBUTING CAUSE OF DEATH II of ITEM 18.) OR CONTRIBUTING CAUSE OF DEATH II OF ITEM 18.) OR CONTRIBUTING CAUSE OF DEATH II OF ITEM 18.) OR CONTRIBUTING CAUSE OF DEATH II OF ITEM 18.) OR CONTRIBUTING CAUSE OF DEATH II OF ITEM 18.) OR CONTRIBUTING CAUSE OF DEATH II OF ITEM 18.) OR CONTRIBUTING CAUSE OF DEATH II OF ITEM 18.) OR CONTRIBUTING CAUSE OF DEATH II OF ITEM 18.) OR CONTRIBUTING CAUSE OF DEATH II OF ITEM 18.) OR CONTRIBUTING CAUSE OF DEATH II OF ITEM 18.) OR CONTRIBUTING CAUSE OF DEATH II OF ITEM 18.) OR CONTRIBUTING CAUSE OF DEATH II OF ITEM 18.) OR CONTRIBUTING CAUSE OF DEATH II OF ITEM 18.) OR CONTRIBUTING CAUSE OF DEATH II OF ITEM 18.) OR CONTRIBUTING CAUSE OF DEATH II OF ITEM 18.) OR CONTRIBUTING CAUSE OF DEATH II OF ITEM 18.) OR CONTRIBUTING CAUSE OF DEATH II OF ITEM 18.) OR CONTRIBUTING CAUSE OF DEATH II OF ITEM 18.) OR CONTRIBUTING CAUSE OF DEATH II OF ITEM 18.)	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (State)
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TO HOCITION OF THE PER PROPERTY DE MAIN PER PROPERTY PAR PER PROPERTY PAR PROPERTY	Dr. Wm. F. Luckett 236. BURIAL, CREMATION 236. DATE THEREOF REMOVAL (Specify) Burial 3-15-1962 24 FUMRAL DIRECTOR'S SIGNATURE ADDRESS Washing for GREMATORY ADDRESS Washing for GREMATORY ADDRESS Washing for GREMATORY ADDRESS Washing for GREMATORY 256. REC'D BY REGISTRAR 256. REGIST	D. C. (Stete)
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v 1/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1 MARVIAND
	03551 CERTIFICATE OF DEATH	03544
s after funeral should	1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY	on: Residence before edm ssion)
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≥ vi	Washington Sanitarium & Hospital Millarove Gardens	ON A FARM?
execute complete on paper.	3 NAME OF First Modele Lest() 4. DATE Month DECEASED (Type of print)	Day Year
8 5 6 3 - /	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 19. AGE (In years IF UND	
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requires the physician. gned by the st permit. ion, mr ren	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e). CARDIO - RES DIRATGIEY FAILURE	ONSET AND DEATH
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O FUNERAL director, page	NAME (Type) John P. Haberlin 1915 Spring Street, Silver 23a. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or co	
Or diriginal dir	Burial 4-3-62 Arlington National Cemetery Arlington, Vi	rginia
VR A15 (4) 1SM 7 ₇ 61	Varner E. Pumphrey, Inc. Silver Spring, Maryland Date APR 3 '62 Character Spring Control of the	R'S, SIGNATURE



	- 11 JOHN	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
مق خ	/ No	03552 CERTIFICATE OF DEATH 03545
afte uner hout	TAK	1. PLACE OF DEATH 2. UBUAL RESIDENCE (Where deceased lived, if institution; Residence before edm ssion)
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s the	Leu	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).
Asici A b Pen	ō	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Control he on the had a
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law ding en s	e E e	(Conditions, if eny, which) (b) Aspectensive cardiovase disease many syns, -
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m	<u>=</u>	220 SIGNATURE ATTENDING MED. STAFF SIGNED 12 M.S. G Z
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ath. Page FUNERA	2	NAME (Type) Kruest E. Harmon M.D. 930/Colesulle RE Sil Son Ard.
22 2	iii o	238. BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. TOCATION (C ty, town or county) (Stete)
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VR A15 (D Plan	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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1	MARYLAND STATE DEPARTMENT OF HEALTH	
END CTATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10552 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 115546	
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execuit in It	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEA	EN TH
: U & C & I	IMMEDIATE CAUSE (a) Uniterritor - Columbial 1. Mil fetters	
ould be Office Office burial-tr	Conditions, if any, which I found our gallon par - cord tiell.	
2 0 N 40 E	gave rise to immediata cause	
"pendire "pendire caminer caminer used as on, or	(e), sleling the underlying DUE TO APACE (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT-	
his co word ica! E Id be	YES NO	
Medi Shoul	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUT- PERFORM YES NO 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	
S S S S S S S S S S S S S S S S S S S		
AMI) writi e Chi Page	Hour a.m. White Not White Statest, office bldg., stc.)	10)
C EX O DR: Prior	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opin	ion
Artifities ont,	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner	1041
In the certification of the ce	CHIEF MEDICAL EXAMINER	
for if for it	SIGNATURE THANK OF PRINCHALY M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNE	מ
PUTY execute uld be fe NERAL designal	NAME (Type) FRANK I BLASCHAAT DEPUTY MEDICAL EXAMINER & MM 18 1967	2
DEPUTYM ease execute should be for FUNERAL I	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (CIV. lown, or country) (Slete)	平 工 つ
0 g 4 0 g	Purial 3/21/62 County 'Ims "ouse Cemetery Lont chery County, " my and	
VS. A15ME	23 FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	
5M 9/60 C	Tyson wheeler runeral home-1331 E. Montg. Ave. DATMAR 2 2 '62	
Х,	2-057626	



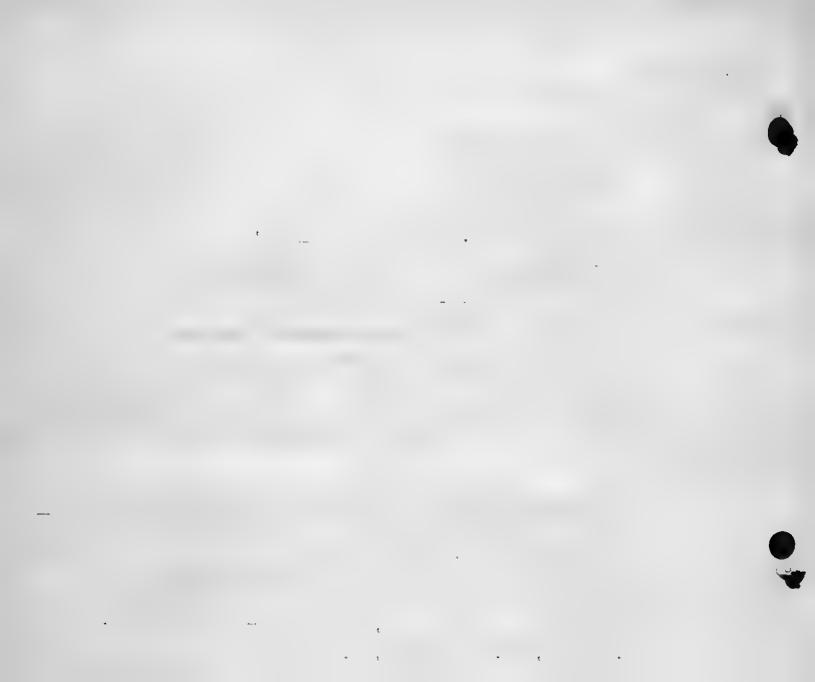
301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03554 CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Noutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) akema NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS . fS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle RESIDER EN OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE AGE (In yeers | IF UNDER I YEAR IF UNDER 24 HRS. NEVER MARRIED lest birthday) Months 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 106, KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (Ifyes give wer or determine) 16 SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter only one cause per une for (e), (b), end (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 206. DESCRIBE HOW INJURY OCCURED. (Enlar natura of njury in Part | or Part II of Itam 18.) CERTIFI 208 ACCIDENT WAS UNDERLYING [1 OF CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Steta) fectory, street, office bldg., etc.) While Not While Hour a.m. el work at work 19 .20., 19.5.2 that (I) (we) last 19 G Z to march 19 6 Land that death occurred at 8 ... M. from the causes and on the date stated above. saw the deceased alive on. 22b, DATE 22e, SIGNAPURE SIGNED ATTENDING MED. STAFF PHYS. DIRECTOR ADDRESS 22c. PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION, | 235 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State) REMOVAL (Specify) OF 31 adensburg M. ryland 3-24-62 Fort Lincoln Cemetery 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **VR A15 (4)** Osthur S. Haus 15M 9/60



aftending



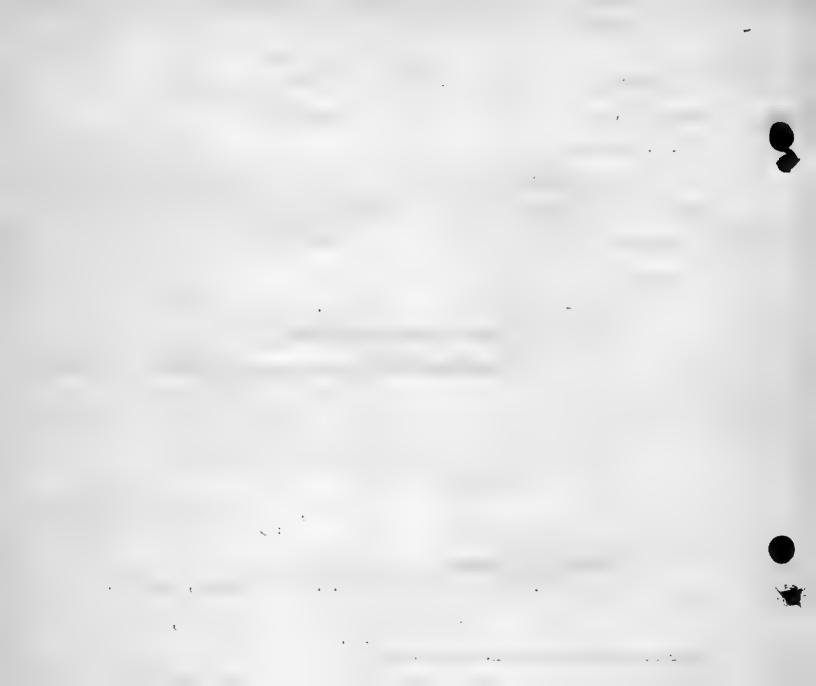
EPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND 03556 CERTIFICATE OF DEATH SIDENCE (Where deceased lived, if institution, Residence before admission) 1. PLACE OF DEATH b. COUNTY MARYLAND If puts de Corporete limits, write RURAL and give neerest town b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and giffe nearest town) akoma Ta . IS RES DENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp to 10 d. STREET ADDRESS ON A FARM? YES NO campletely DATE DECEASED OF (Typa or print) DEATH 196 and can 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthdey) Months I DIVORCED WIDOWED [] 10e. JUSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY le. Pennsylvania 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Univa of Maryland -From Touse mother 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyes give war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION & YEN INPART 1(6) 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm, (County) (Sleta) 20c. TIME OF INJURY Month, Dey, Year 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour e.m. el work al work 1969 to March S., 1962 that (1) (we) last 7, 19,62 and that death occurred at 3, M, from the causes and on the date stated above. saw the deceased alive on... 22e. SIGNATURE ATTENDING PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS 23a. BURIAL, CREMATION, 23b. DATE THEREOF Church of Col REMOVAL (Specify) Montgomery Co. 0 Buria legeville. Pa Cemetery APOREMI 34 Georgia Aves. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Inc. Spring. DATEMAR 1 2 '62 Carlor S. Thranks Warner E. Pumphrev.



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 035501. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. county Montgomery Montgomery MARYLAND Maryland b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) 9 years Silver Spring Silver Spring d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS OR INSTITUTION 201 Williamsburg Drive YES NOW 201 Williamsburg Drive NAME OF 4. DATE Middle DECEASED +PANCIS RMILLION DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days Haurs papers. ours after Male White WIDOWED [7] DIVORCED [Aug. 11, 1917 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 8IRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Inspector Penco Washington, D.C. U.S.A. and ban I 3 FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Charles T. Vermillion Delia Dorsey 17 INFORMANT Address 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Alice L. Vermillion 201 Williamsburg Dr. S.S. Mc Yes 579-03-4441 O 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH CORONARY DECLUSION ᇻ PART I DEATH WAS CAUSED BY: mmED. IMMEDIATE CAUSE (g) DUE TO ARTERIOSCLEROTIC VASCULAR DIS, gned by Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X burial 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form | 20f. (City or town) (County) (State) factory, street, affice bldg , etc.) Hour o m While Not while at wark at wark p. m. 21. I certify that (1) (this haspital) attended the deceased fram.... 62, and that death accurred at 64M, from the causes and an the date stated above. .19 saw the deceased alive an 220 SIGNATURE SIGNED M.D PHYS. MED DIRECTOR Gernandle 22d. ADDRESS 22c PHYSICIAN'S ERNARD A. FITZGERALD ZIT UNIU. BLVD. E. SIL. SP. 23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town, or county) (State) Arlington National Cemetery Arlington, Virginia 3-21-62 25b. REGISTRAR'S SIGNATURE ADDRESS 134Georgia Ave 250 REC D BY REGISTRAR Silver Spring, Marvland DATE MAR 2 0 '62 1SM 9/S9



		CERTIFICATE OF DEATH 03551
funeral should	1)	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence before admission) e. COUNTY a. STATE b. COUNTY
t hour		Montgomery b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Pages 1	5/1	Bethesda (Rural) 76 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ### Hustontown d. STREET ADDRESS ### OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ### OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ### OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)
Pers.		U. S. Naval Hospital 3. Name of Deceased First Middle Last 4. Date Month Day Year
comp comp on pa		(Type or print) Mary Madaline Vitti DEATH March 31, 19 62 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
certificate be hysician and remove carb	1	Female Caucasian WIDOWED DIVORCED January 20, 1921 41 yrs. Months Deys Hours M.n. 106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Caunty & State, or fore.gn country) 12. CITIZEN OF WHAT COUNTRY?
ith certi	1	Housewife Pennsylvania USA 13. FATHER'S NAME USA
the dea attendin Then ple val, and		Jack Hann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. Address 1
The law requires that attending physician. as been signed by the burial-transit permit. 'at, cremation, or remo		IB. CRUSE OF DEATH [Enter only one cause of line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO UNK Samuel J. Vitti Same As # 2 INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH Samuel J. Vitti
YSICIAN: hospital or a certificate ha r use as the prior to burie	2	Cause Sast. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO 20a ACCIDENT WAS LINDERLYING TO 20b DESCRIBE HOW INTURY OCCURED LEGISLING OF JUNEY IN PART II of Juney 18.1
PHY the h this c		OR CONTRIBUTING CAUSE OF DEATH ILL ELLER, NOTIFY MEDICAL EXAMINER
NDING by sined by R: After detacher 1. of He		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF NUJRY (Home, form, factory, street, office bldg., etc.) While Not While factory, street, office bldg., etc.) p.m. 19 at work at work
ATTE be reta RECTOI could be		21. I certify that xix (this hospital) attended the deceased from January 5,, 1902, to March 31, 1902, that XX (we) last we the deceased alive on March 31
age 2 sh with the S	/	ATTENDING MED. STAFF SIGNED ATTENDING MED. STAFF SIGNED ATTENDING MED. STAFF SIGNED ATTENDING MED. PHYS. XX 22c. PHYSICIANS NAME (Typo William P. Baker, LT MC USN ATTENDING MED. PHYS. XX 22d. ADDRESS U.S. Naval Hospital, Bethesda, Md.
TO RA death Officeror, De filed		236. BURIAL CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial 4-3-62 Arlington National Arlington, Virginia 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Church, Va. 256. REC'D BY REGISTRAR'S SIGNATURE
15M 7 61		Pearson Funeral Home, 472 N. Wash. St., Falls DATE APR 3 '62 1 Com' of the Apr



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND 03559 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edm'ss on) e. COUNTY b. COUNTY Montgomery MARYLAND Montgomerv b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town? Bethes.'a days Blacksburg. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X The Clinical Center, Bethesda 14. Md. 207 Ruse Avenue 3. NAME OF 4. DATE Month DECEASED (Type or print) DEATH March 1962 James 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH lest birthdey) Months WIDOWED [DIVORCED T 2 December Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NDUSTRY | 11. BIRTHPLACE (County & State or foreign country) 1 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Department Store lept. Store Manager South Carolina U. 3. A. 13. FATHER'S NAME attending pl 14. MOTHER'S MAIDEN NAME Joseph M. Wardlaw Aurie Cox 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Record, (Yes, no, or unkown) ((lives give war or detes of sarvice) 237-03-3195 The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH IMMEDIATE CAUSE (a) Aortic Insufficiency 4 hours (b) Aurtic Stenosis 10 years gave rise to immediate cause DUE TO (e), stating the underlying Rheumatic Heart Disease, Inactive PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS A JIOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from March 4,, 1962, to March 7, ..., 1962, that (f) (we) last saw the deceased alive on March 7, ..., 1962..., and that death occurred at P.M., from the causes and on the date stated above. 22b. DATE 220. SIGNATURE 1.962 SIGNED ATTENDING PHYS. El March E. DIRECTOR PHYS. M.D. eth. Page FUNERAL 22c. PHYSICIAN'S Clinical Center, Mational NAME (Type) tutes of Health, Bethesda 14. Md. 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Anderson County So. Carolina Silver Brook 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Claring & Trans Robert A. Pumphrey Bethesda, Maryland 15M 9/60 DATE

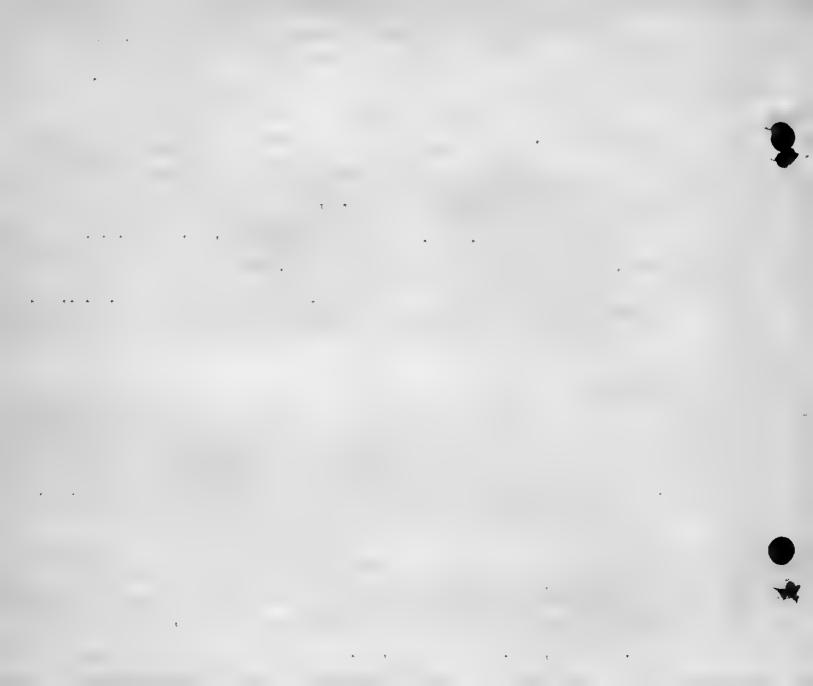
RYLAND STATE DEPARTMENT OF HEALTH

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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
	93568 CERTIFICATE OF DEATH	559
(M)	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution; Rasid b. COUNTY b. COUNTY	nce bétore edmissio
	Montgomery Maryland Maryland Montg	omery
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give	neerest town)
	Damascus d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS	e, IS RESIDENC
X		ON A FARA
` ·	NAME OF First Middle Lesi 4. DATE Month	A Asset
	(Type or print) Marshall T. Watkins DEATH March 23	19 62
X	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	
	Male White widowed Divorced April 3,1886 75 vs.	
	one during most of working life, even if relired)	OF WHAT COUNT
	Laborer Building Damascus, Md.	USA
ı	Uriah Watkins Margaret Brown	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address as, no. or unknown) ((fras give wer or detes of service)	WW. VW
	Ma Hara I was a second and the second	2
	18. CRUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c).)	2 NTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: (a) Interior Derettic Cordinascular disease	10 yron
-	DUE TO	/
	Conditions, if eny, which (b) geve rise to immediate cause (A) statically and statically and the conditions to the condi	Management
	(e), stelling the underlying Course lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)	19. WAS AUTOPS
		YES NO
	20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of stem 18.) OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	
- 1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County)	(Stete)
	Hour e.m. While Not While fectory, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from 1 15 1962 to 3123 1962	-that (I) (we) I
	saw the deceased alive on 3/23 19/2, and that death occurred at T.P. M., from the causes and on the	date stated abo
	22a, SIGNATURE ATTENDING & MED. STAFF	22b, DAT
П	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 22c. PHYSICIAN'S	3/24
١.	NAME (Type) James P. Kerr	
- -	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	Burial 3/26/62 Montgomery Meth. Clagettsville	Md.
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGN	ATURE
	Clin L. Wolesmith Damascus, Md. DAMAR 27'62 william S. This	
X		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if Institution, Residence before admission) . COUNTY b. COUNTY Mont gomery Maryland Montg. MARYLAND b. CITY OR TOWN (flourside corporete limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town)
Silver Spring Silver Spring VEATE d. NAME OF HOSP TAL OR INSTITUTION (if not in hosp tai, give street eddress, d. STREET ADDRESS A IS RESIDENCE ON A FARM? 9918 Markham St. 9918 Markham St YES NO TO 3. NAME OF M ddla 4 DATE Month DECEASED (Type or print) Ruth Gertrude Whittemore DEATH March 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months | Days Dec. 1, 1913 female white WIDOWED X DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUS NESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad) Wash, Hosp, Center Washington County, Md. U.S.A. Nurse pages within ive Pag 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Susie D. Taylor James R. Whitlock 5. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO : 17. INFORMANT Addrass (Yes, no, or unkown) (if yes give wer or dates of service) Charles H. Whitlock 2014 Drexel St., S.S., Md. 18. CAUSE OF DEATH [Enter only one cause per lina for (e), (b), and (c).] INTERVAL BETWEEN 3rd degree burns involving 100% of body ONSELAND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) office **DUE TO** gave rise to immediate cause DUE TO (e), stating the underlying pesn PART IL OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,011 19, WAS AUTOPSY PERFORMED 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of itam 18) 20a EXTERNAL CAUSE WAS PR.MARY OF CONTRIBUTING Found dead in bed which was completly burned CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 1 20d, INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, farm, 1 20f., (City or town) (County) (Stein) fectory, street, office bldg., etc.) 1:19 0.m. 474 While Silver Spring Montg. et work et work K 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 🔀, Inquiry 🔀, and in my opinion Accident X . death resulted from. Natural causes ... Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be f DEPUTY MEDICAL EXAMINER Frank J. Woschart NAME (Type) Address (Street, c'ty, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stete) REMOVAL (Specify) 3-6-62 Arlington National Cemetery Arlington, Virginia Burial <u>0</u>40 ₽ ADDRESS ,8434Georgia Aveto, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME Warner E. Pumphrey, Inc. Stiver Spring, Md. hun S. Fireus 5M 7/59 DATE

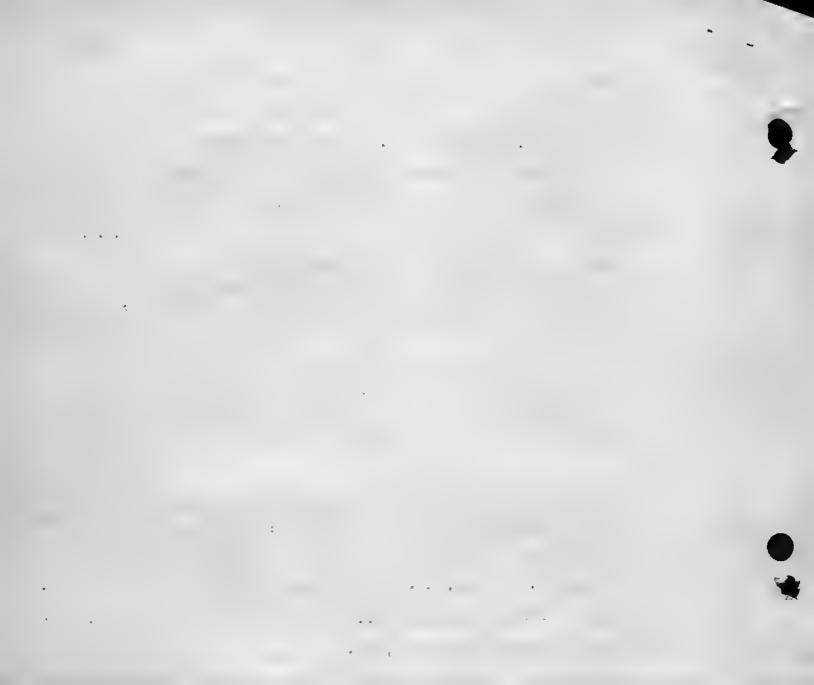


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03562 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived. If institution: Residence before admission) **COUNTY b.** COUNTY a. STATE/Janvil and Montgomery MARYLAND Montgomery b. CITY OR TOWN (if putside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) Kensington Kensington moi d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 3906 Spruell Court 3906 Spruell Court YES NO 3. NAME OF Éirst Middla DATE Yeer DECEASED OF March 17,1962 Roy R. Wilburn (Type of print) DEATH 19 5. SEX 6 COLOR OR RACE 7. MARRIED THEYER MARRIED 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Mole Uhite Oct. 10.1897 WIDOWED [DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Construction USA Marvland Carpenter 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME please affending Wm. J. Wilburn Annie Durst 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, no, or unkown) | (Ifyasgivewarordetesofservica) James H. Edwards-Item# 2 18. CRUSE OF DEATH fenter only one cause per lina for(a), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Me Coxanma (b) gave sisa to immadiete causa DUE TO (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO YES. 20a. ACCIDENT WAS UNDERLYING [] | 20b, DESCRIBE HOW INJURY OCCURED, lenter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yaer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (Slata) factory, street, office bldg., etc.) Not While Hour a.m. Whila p.m 21. | certify that (I) (this-becard) attended the deceased from. The deceased alive SIGNATURE 22b, DATE ATTENDING SIGNED PHY5 DIRECTOR M.D. PHYSICIAN 5 22d ADDRESS NAME (Type) 4740 Chevy Chase Dr., Chevy Chase, director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, 236 DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Spacify) 5 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE ADDRES! VR A15 (4) 15M 7761 DATEMAR 2 0 '62 Cirilwa & House

RYLAND STATE DEPARTMENT OF HEALTH



~ ~		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03556 CERTIFICATE OF DEATH
ed in by the funeringes I and 2 should after death	M)	1. PLACE OF DEATH a. COUNTY Mont gomery Mo
d completery Partition papers Partition 72 hours		The Clinical Center, Bethesda 14, Md. 402 Hillcrest Drive 3. Name of DECEASED (1996 or print) Helen Louise Wilson Death March 2 1962 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
ng physician an asse remove car		Female White WIDOWED DIVORCED December 10, 1922 39 WINDOWS Hours Man. To USUAL OCCUPATION Give kind of work done during most of working life, even if retired Housewife Not applicable North Carolina U.S.A. The property of
rsician. d by the attendir permit. Then ple		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record (Yes, no, or unknown) (lifyesgivewerordelesofservice) NO 18. CRUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) // YPOTCALSICAL, (ICCALINTON) F.C., (UTC.) IMMEDIATE CAUSE (e) // YPOTCALSICAL, (ICCALINTON) F.C., (UTC.)
pital or attending phy ficate has been signe as the burial-transit	2	Conditions, if any, which governing the underlying DUE TO (a), steting the underlying DUE TO (b) H Cutl Limit Affl LEVICENTH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES POOL
sined by the host R: Affer this cert detached for use		20e. ACCIDENT WAS UNDERLY NG _ 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Part I or Pert II of item 18.) OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY
Tage 4 be reference of the State Decrete of the State of the State Decrete of the State o		21. I certify that (K (this hospital) attended the deceased from February 28, 19 62 to March 2
AL VIS (4) TO FUNER (4) Parties (4) Partie	3	230. BURIAL, CREMATON, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial Crematon, City, town or county) (State) 1 redell Memorial Park, Statesville, No. Carolin 24 FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY Bethesda, Md. 25d. REC'D By REGISTRAR 25b REGISTRAR'S SIGNATURE DATE MAR 1 62 Calling S. Hame



1	MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	83564 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03557
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY ()
Page lles. ealth,	Mi Ma de Mas de la companya del la companya de la c
	b. CITY OR TOWN (if outside of porete limits, will a RURAL and give nearlys town) general RURAL and give nearlys town)
director.	
- F 13 //	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 1 e. IS RES DENCE
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funer funer ained State sath.	3. NAME OF First Middle Last 4. DATE Month Day Year
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부 운영 다 함	5. SEX 6. COLORIOR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH \$9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
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11 age 22 72	done during most of working life, even if refired)
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within form form form from from from from from	A5. WAS DECEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
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form with perm	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
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alo alo	MAREDIATE CAUSE (0) Internel home bage . Subtolin.
Id b	Conditions, if any, which (b) Crusted & heat
should soffin a bur	Gonditions, if eny, which (b) (b) (b)
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ifica sering re o	cause last. (c)
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Aed Aed Lou	20e. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING COURSE OF DESCRIBE HOW INJURY OCCURED. Enter noture of injury in Pers I or Pers II of Item 18) CAUSE OF DEATH.
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Harrie Bank	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slete) While Not While Setory, street, office bldg., etc.) Postparalle Mande.
K S B H I O	₹ 7:16 p.m. 3 -10 1962 of work 1 highway Vothesvalle minty met
T E S	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inspection . Inspection .
entited of the control of the contro	death resulted from Natural causes . Accident 📝 Suicide . Homicide . Undetermined manner
Nar Ag	CHIEF MEDICAL EXAMINER
forw forw L Di	SIGNATURE Traind 1 - Buschart MD ASSISTANT MEDICAL EXAMINER [DATE SIGNED
DEPUTY should be fishould be funesatilis designal	EXAMINER'S DEPUTY MEDICAL EXAMINER SK 3 12 62
Se ex CONIC UNE Se des	NAME (Type) LRANK J. JSho Schart Address (Street, city, town, or county)
Sho Sho	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Town, or country) (Stele)
0 g 4 0 g	Quia 3/14/62 Gillebrie Janerell, Visconia
VS. AISME	23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR'S SIGNATURE
5M 9/60	William D. Hellow Barnes will me DATELAR 15'62 CT S. Thomas



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY b. CITY OR TOWN (if puts.de corporate limits, MARYLAND District of Columbia E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) days Bethesda. Washington D.C. d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? U.S. Naval Hospital 615 Alabama Ave YES NO X 3. NAME OF First Midd e DECEASED (Type or print) Paul John DEATH 26 19 62 WISNIEWSKI March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. iast birthday) Months Days Male Cauc WIDOWED [DIVORCED T 23 **March 19**62 physician 10a, USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11, BIRTHPLACE (County & State, or foreign country) . 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Montgomery, Maryland USA attending ph Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ronald R. Wisniewski Nancy Ann Sugyik 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) ((ffyesgive war or datas of service 18. CAUSE OF DEATH [Enlar only one cause per ine for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Prematurity PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TI DUE TO (b) Post op status 2 days closure of Omphalocele Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS A JTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, [Enter nature of neury in Part I or Part II of item 18] 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year [County] (State) factory, street, office bldg., etc.) _Not While While at work at work 21. I certify that XI) (this hospital) attended the deceased from 23. March....., 1962, to 26. March ..., 1962, that 00 (we) last 22b. DATE 220. SIGNATURE ATTENDING 26 March 1962 director, page be filed with the PHYS. DIRECTOR 22d. ADDRESS BHYSICIAN'S NAME Type L.G. Thorne, LT MC USN U.S. Naval Hospital Bethesda Md. 23a BURIAL, CREMATION, | 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 123d, LOCATION (City, town or county) (Stata) Arlington National Arlington, Virginia 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR ADDRE Rockville, Md. 15M 7 61 Funeral Home, 1331 E. Montgomery Avel MAR 2 8 '62



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Ttems 869 FilmG311 12/62 iwk I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) a. COUNTY b. COUNTY MONTGOMERY PENNSSLVANNIA DELAWARD MARYLAND b CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town! OLNEY 15 MINS. ARDMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO GENERAL HOSPITAL 18 HANNUM DRIVE 3 NAME OF E est Middle DATE Month DECEMBED OF (Type or print) DEATH HENRIETTA MARIE WOLE 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 9. AGE (In yeers of UNDER 1 YEAR IF JNDER 24 HRS. B DATE OF BRTH last birthday | Months | Days WIDOWED IV YES. 10a USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY . State, or foreign country) done during most of working life, even if retired) RETIRED R. N. ENGLAND U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN (PAYTON) UNKNOWN 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, pa unkown) | (If yes give war or detes of service) HOSPITAL RECORDS INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] ENTERIC THROMBOSIS IMMEDIATE CAUSE (a) OT 1UD THROMBOSIS, LEFT AURICLE gave rise to immediate cause MITRAL STENOSIS DUE TO (e), stefing the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING L.
OR CONTRIBUTING [] CAUSE OF DEATH
[IF EITHER, NOTIFY MEDICAL EXAMINER] 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of mury in Pert I or Part II of Item 18.) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 20f. (City or town) [County] (Stelle) 20c TIME OF INJURY Month, Day, Year fectory, street, off ce bidg., etc.) While Not While af work et work CIOR p.m. 21. I certify that (I) (this hospital) attended the deceased from. 19.62 and that death occurred al. M., from the causes and on the date stated above. ATTENDING 22b. DATE 22m SIGNATURE SIGNED MED M.D. PHYS. DIRECTOR 22d. ADDRESS 72c. PHYSICIAN'S NAME (Type) CHARLES S. WHITAKER, M.D. CLARKSVILLE. MARYLAND 23%, BURIAL, CREMATION , 236. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 1 23d, LOCATION (City, fown or county) REMOVAL (Specify) Philadelphia Fa Westminister 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 7/6f F.C. Higinbothom, Ellicott City, Md DATE JAR 2 2 '62 Vothur & Flence

AND STATE DEPARTMENT OF HEALTH



C 1 8	-	MARYLAND STATE DEPARTMENT OF HEALTH
1 31		pivision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	1_	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03560
MEALIH DEPI.		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. STATE b. COUNTY
Pagry Pagre es.		Monthoniery MARYLAND Md Monto
8 5 7		b. CITY OR TOWN (if outside corporate wills, write RURAL and give means town) write RURAL and give nearest town.
E PEN	_	d. NAME OF HOSPITAL OR INSTITUTION (if not a hospital, give street address) d. STREET ADDRESS 1 o. IS RESIDENCE
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uner ined ined ined	3	NAME OF First Middle Lost 4. DATE Month Day Year
fan he f reta dez dez		DECEASED (Type or print) Hele Howthorns 2" 1962
다. 다	5.	SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
dean dean dean dean dean dean dean dean		Pull wildowed Divorced Sept. 15, 1899 last birthday Months Days Hours Min.
2, a 5, a d d d d d d	109	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
as 1, as 1	9	he during most of working life, even if relired) Own home N. Q
Page (3. J.	13.	FATHER'S NAME 14. MOTHER'S MAYEN NAME
I Francisco		(unknown) Melen John Munn Baldwin / Anknyyn)/ Helen Hawthorne
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address In no, or unknown) (Byesgivewerordetasofservica)
Air		No None 148-07-2731 Markel Zummerum Hun 2
in the		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY: ONSET AND DEATH
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Id b fice rial-		DUE TO DE TO DADA
hou hou		gave rise to immediate cause (b) William McClurosta
ner ner		(a), staling the underlying DUE TO cause last.
per (ami cami per la	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
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Thi adica	CERTIFIC	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)
ER.	Ü	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
MIN Chie	CAC	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Hour e.m. WhileNot While fectory, street, office bldg., etc.)
W. Pa	MEDI	p.m. 19 al work et work
D C C		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my opinion
ent Cod		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
The A		ACTUAL TO POLICE TO ASSISTANT MEDICAL EXAMINER DATE SIGNED
A for the state of		SIGNATURE MALL M.D. ASSISTANT MEDICAL EXAMINES
Execution of the first of the f		NAME (Type) FRANK J. BLOSCHZKT Address (Street, city, town, or county)
DEPU should FUNE its desi	224	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (Sinio)
0 4 4 0 9		Burial 3-7-62 Arlington National Cemetery Arlington, Virginia
H H ;	23	FUNERAL DIRECTOR Raymond Q. Biske \$434 Georgia Ave 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME 5M 9/60	W	arner E. Pumphrey, Inc. Silver Spring, Marylandone MAR 7'62 anting S. Thomas

Company of the second and the state of t VI WAY A DIRECT METERS AND A STATE OF THE PARTY OF THE PA The state of the s

. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 56 m G377 1/21/62 inches deceased lived, If institution: Residence before admission) b. COUNTY a. STATE Minnesota MARYLAND CITY OR TOWN/lif outside corporate fimits, write RURAL and give pearest towy c. CITY OR TOWN (If outside corporate limits, write, PURAL and give nearest town) c. LENGTH OF STAY IN 1b NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENC ON A FARM? YES NO NAME OF Middle DECEASED 1962 DEATH (Type or print) AGE (In years | IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED IX DIVORCED 12. CITIZEN OF WHAT COUNTRY 10s. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) Wisconsin 13. FATHER'S Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give we ror dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) 20e, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dev. Year factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from.............. 19.62 and that deeth occurred atta. A.M. from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) (State) NAME OF CEMETERY OF CREMATORY 238 (BURIAL) CREMATION, 236. REMOVAL (Specify) 0 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A15 (4) SIGNATURE DATE MAR 1 9 '62 Clother S. Thousa 15M 7/61

